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EDITOR:

RICHARD COLE NEWTON, A. B., (Harv.) M. D. (Col.)

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*Mr. Elmer*

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### THE PROOF OF THE EXISTENCE OF AMBLYOPIA EX ANOPSIA IN STRABISMUS.

The Presidential Address Delivered at the  
139th Meeting of the Medical Society  
of New Jersey.

By Walter B. Johnson, M. D., Paterson,  
N. J.

Certain unusual experiences have led up to the circumstances which permit of what appears to be positive proof of the existence of amblyopia ex anopsia, by which is meant the impairment of vision occurring in consequence of the disuse of an eye, which has been excluded from the visual act for a considerable period of time, by absence of binocular fixation. In convergent strabismus, which is the symptom resulting from this condition, there is, if the squint is not of the alternating variety, invariably a monocular diminution of vision which is more or less marked. Hypermetropia is, it is believed, the etiological factor in the production of this condition. It has been claimed that almost invariably in the new born, hypermetropia exists as a normal condition. It is certain in any event that it occurs with great frequency. In hypermetropic eyes even though the vision is equally affected and the refractive error the same, in order that the vision of the eyes may be most acute, extraordinary tension of the muscles of accommodation is necessary, resulting in

convergence of the visual lines and consequent confusion of images. This excessive convergence constantly tends toward double vision, and the conflict, which increasingly exists, must eventually result in inability to see distinctly, or squint, with subsequent suppression of the visual image, and finally amblyopia. If the hypermetropia is greater in one eye than in the other, as it must frequently be, and the vision of one eye is consequently less acute, confusion of the vision would more promptly occur, and be more promptly followed, by the psychical effort to rid the cerebral centres of the annoyance. It is probable that in most of the hypermetropic eyes in which squint occurs, and in which amblyopia subsequently develops, there has been a primary difference in the vision and refraction.

In the greater number of individuals suffering from hypermetropia, it is admitted that neither squint nor amblyopia occur; they are influenced by the instinctive abhorrence to binocular double vision, the necessity of seeing an object singly with both eyes together is natural and important to comfort, and consequently the direction of the visual lines is forcibly determined and maintained until such time as the refraction undergoes a change or the consequent eye strain causes unbearable symptoms which necessitate the relief of the condition, by appropriate treatment, such as the application of glasses, or operation.

It has been claimed, and is still believed by some authorities, that the amblyopia of strabismus is congenital, and exists as a

primary condition; that it is probably caused by some change in the eye itself or in the nerve centres, affecting the vision more or less and producing convergence in consequence of confusion of images. The loss of parallelism of the ocular excursion (squint) does not occur in a great percentage of the eyes of children, who are congenitally affected with loss of vision, and who present a discoverable ocular lesion, or who may possibly have lesions in the cerebral centres. It is a common experience of the ophthalmologist to discover monocular loss of vision, probably from these causes, in adults who have never known the condition to exist, and who do not and never have squinted. The loss of muscular balance occurring, either in the congenitally blind, or in eyes lost by injury, disease or opacities of the media most frequently takes the form of a divergent, not a convergent, strabismus. This is probably due to the fact that such eyes do not have the constant call upon the accommodative muscles to stimulate convergence, as binocular double vision is not present, and no effort being necessary to overcome it, the eye would more naturally swing out as it sometimes does, when the eyes are at perfect rest. In convergent squint after an operation, if an amblyopic eye finally diverges, it is due to a similar condition, to that which exists when an eye is congenitally blind from unknown causes or disease; that is, as the eye has present an amblyopia, which does not permit its use in conjunction with the fellow eye, and as the internal rectus muscle is shortened and weakened as a result of the operation, the eye finally diverges.

The variety of amblyopia or suppression of the visual image in question is apparently a purely physiological condition. Ophthalmoscopic examination indicates a perfectly normal fundus, although the eye is generally hypermetropic. The nerve centers must certainly be affected by the continued mental suppression of the visual image and their functions finally practically destroyed. Unless an operation be performed, which results in re-establishing binocular fixation and fusion of the retinal images, the amblyopia persists; being a progressive mental condition made permanent in the nerve centers by their loss of use and exercise of the power of vision. Amblyopia may be and sometimes is overcome, when it is first established, by a proper correction of visual defects; the commencing squint and the increasing loss of sight may thus be

entirely prevented without resort to operative interference. Squint generally appears at an early age, when satisfactory examination is not practical; the amblyopic condition may be present, but not demonstrable; for that reason the time of loss of vision cannot be definitely ascertained and the question of the probable presence of amblyopia before the onset of the squint, or of its onset as a result of the squint, is very difficult of solution and proof. It is presumed that an amblyopia may come on as a result of squint and persist forever after, even though the eyes are brought to a state of apparently perfect parallelism by operation; the vision in the amblyopic eye rarely, if ever, becomes equal to the vision of the fellow eye. The squinting eye cannot, does not, and will not enter into the visual act, and has no ability to do so, and can take no cognizance of any object which appears on its visual axis; the power of suppressing images having become a condition, and the vision decreased to such an extent that the eye is practically sightless.

*Case No. 1.* T. McK. age 19 June, 1887. File forger. Has been cross-eyed since he was three years of age, and states that during his recollection he has been unable with the left eye to discern any object and define its character. He has a manifest hypermetropia and constantly fixes with the right eye.

R. V. =  $20\frac{15}{15}$ .  $20\frac{15}{15}$  w. + 1.25 D.

L. V. = fingers at 6", no improvement with glasses.

The fundus was apparently normal.

He applied for treatment, intending to have his squint corrected by tenotomy.

June 13th, while working at forging, a hot file flew from his tongs and struck him in the right eye.

Two hours after the injury the eyeball was examined, a large wound of the globe was discovered, having extremely ragged edges and involving almost the entire globe, cutting through the cornea, iris, lens, and sclerotic in the ciliary region. Enucleation was advised and performed in the usual manner in the afternoon of the same day.

June 18th. The patient was doing nicely and stated that he believed he could see better.

L. V. = fingers at 3'.

Ophthalmoscopic examination discloses a perfectly normal fundus and a hypermetropia of 1.50 D.

June 19th, was first instructed in locating letters on the test card. His field of vision was limited to any single object upon which his attention was fixed; if placed directly in front of a test card with the region of the macula in the axis of vision he could see L. V. =  $3\frac{200}{200}$ . If allowed to read the letters on a plane of his own choosing, bringing the hypersensitive retinal spot into use and wearing + 2 D., the test card would appear to be 13 inches to the left of its actual place of hanging; but he was able to read  $20\frac{70}{70}$  and, as his instruction was continued, read  $2\frac{15}{15}$  and at times  $2\frac{12}{12}$  and  $2\frac{4}{4}$ , the letters being apparently moved 10



inches to the left of their actual position. He finally read  $\frac{1}{15}$ .

June 20th, after 15 minutes instruction, he was able to read L. V. =  $\frac{20}{30}$  w. + 1.25 D. on a new test card, never seen before, stating that in order to see the card he was obliged to look to the left of it, although he apparently saw it directly in front of him; he could read  $\frac{20}{200}$  without a correcting glass; although there are six cards on the test frame, he insisted that he could only see one of them at a time, and that in a false position.

June 21st to 25th. He has been instructed daily, with constant improvement in the field of vision and in the rapidity with which he could locate the letters and cards, + 1.75 D. having been ordered and worn constantly.

June 26th. He is able to select letters on any of the test cards and now locates the card in its exact position and can see all six cards at once without special effort. His vision for near was tested for the first time since the loss of his eye with + 1.75 D. He was able to read Jaeger No. 9, but in locating a word on the test paper with a pointer he would point considerably to the left of its actual position.

July 1st. The improvement has continued daily since last date. He can read  $\frac{20}{15}$  with his correcting glass and Jaeger No. 1 at 12 inches, locating the words with a pointer in their correct place. He declines to accept the + 1.75 D. he had been wearing and was ordered + 1.25 D. His visual field is normal.

January 23d, 1890, nearly three years after the loss of his eye. His vision =  $\frac{20}{15}$  with or without + 1.25 D. He reads Jaeger No. 1 with or without a correcting glass, although he prefers his + 1.25 D. for reading.

He never had had any pain or discomfort or any blurring of his sight since last examined, and has worked at his trade constantly since that time.

His vision continued the same until the winter of 1896 when he died of pneumonia.

Case No. 2. J. F. aged thirty, a strong, healthy man, applied for treatment at the Paterson Eye and Ear Infirmary. When a child he had a convergence of the right eye which persisted until he was about seventeen or eighteen years of age. At that time he was operated by Dr. Althoff at the New York Eye and Ear Infirmary. He was not fitted with glasses. He did not consider the operation perfectly successful, as his eye would turn in at times, especially when he became at all nervous or self-conscious. He was not aware that there was any difference in the vision of his eyes until one year ago when he called upon an optician for the purpose of selecting glasses for use in reading, in consequence of a scratching, burning and heaviness of the lids which troubled him at night. He then discovered that he could not see to read as well with the right as he could with the left eye, and that a glass made no improvement in the vision of the right eye either for near or distance. His left eye, he thinks, was slightly improved both at distance and near by +  $\frac{1}{2}$  D. which he bought at that time and has since used in reading at night.

August 28, 1893. While working at his trade as a machinist he was struck in the left eye by a flying piece of wrought iron about one-half inch by three-fourths of an inch in size. He immediately applied for treatment. Examination disclosed a wound of the cornea about 3" in

length in the infra-nasal quadrant with the iris prolapsed. There was an appearance indicating the presence of some particles of iron adherent to the wound which was probably due to pigmentation from the iris as it could not be removed by the magnet and subsequently disappeared. The cornea was stroked until the iris receded, although a portion midway between the pupillary margin and the limbus still remained in contact with the corneal wound, the anterior chamber being empty.

The vision of the right eye was then tested and found to be  $\frac{20}{70}$ . No improvement with glasses.

The patient was then sent to the hospital, cold applications were used continuously, and one drop of a solution of sulphate of eserine, one-half grain to the ounce, was dropped into the eye three times a day.

September 1st. The injured eye has made extremely satisfactory progress, the corneal wound closed, the anterior chamber being re-established, a slight anterior synechia only being present. The patient has suffered but little pain, ophthalmoscopic examination, however, discloses a traumatic opacity of the lens, the pupil is slightly irregular and there is some circumcorneal injection. Left eye, V. = fingers at 1'.

On this date, only four days after the injury, the right eye, on examination, shows R. E. V. =  $\frac{20}{20}$ ;  $\frac{20}{20}$  w. +  $\frac{1}{2}$  D.

Ophthalmoscopic examination is negative, no lesion being discovered and the fundus appearing perfectly normal.

September 4th, one week after the injury, the vision is still further improved.

R. E., V. =  $\frac{20}{20}$ ;  $\frac{20}{15}$  w. +  $\frac{1}{2}$  D.

September 9th. His vision is still improving, on this date, for the first time he is able to read large print at the near point.

R. E., V. =  $\frac{20}{15}$ ;  $\frac{20}{10}$  w. +  $\frac{1}{2}$  D.

September 12th, fifteen days after the injury, the eye used singly had normal vision, the patient was able to read Jaeger No. 1 at ten inches.

R. E., V. =  $\frac{20}{15}$ ;  $\frac{20}{10}$  w. +  $\frac{1}{2}$  D.

L. E., V. = fingers at 4'.

September 21st. He has experienced great difficulty in accurately locating objects and has a constant lack of confidence in walking, which has decidedly improved since the glass over the left eye was blackened, three days previous to present visit. Although he can only see to count fingers at four feet with the left eye, he complains that unless it is covered it interferes with his vision for near or distance, producing a blurring of objects, probably due to a cerebral impression that the left eye is about to engage in the visual act. He states that he feels now as he used to with the other eye before the injury, as though he could do better with one eye closed. When reading with both eyes open and without glasses he has great difficulty in separating and locating objects and a feeling of confusion and blurring rapidly supervenes. In distant vision he describes a peculiar brightness and distinctness around the line of letters on all sides.

October 4th. R. E., V. =  $\frac{20}{10}$  w.  $\frac{1}{2}$  D.

L. E., V. = fingers at 6'.

The vision in the left eye is improved in consequence of the absorption of some of the softened cortex of the lens, the patient finds that he is still unable to dispense with the black glass over the left eye without confusion, especially when out of doors, although he frequently does not wear the glasses in the house.

November 18th. The patient tested with both eyes open and without glasses.  $V.=\frac{20}{15}$

With the left eye closed and without glasses there was but slight difference in the vision although the patient was much more comfortable.  $V.=\frac{20}{15}$ .

With both eyes open and glasses  $+ \frac{1}{24}$  over each.  $V.=\frac{20}{15}$

With the left eye closed and a glass  $+ \frac{1}{24}$  over the right eye.  $V.=\frac{20}{10}$  w.  $+ \frac{1}{24}$ .

The vision in the left eye was fingers at 6'. He still wears the glass over the eye blackened when reading and for distances, when walking or cycling. (In all the tests of vision the Snellen test type was used, the patient, however, being placed only fifteen feet from the card, although twenty has been used throughout as the numerator of the fraction).

Case No. 3. L. P., female, 10 years of age, born in the United States, applied for treatment July 11, 1885. She stated that she had always enjoyed good health, but had suffered from more or less frequent headache, attended by nausea since infancy. At four years of age she had scarlet fever. Her mother and father gave a history of migraine. The patient, seven months prior to her present visit, fell, striking her left forehead and inflicting a lacerated wound over the frontal eminence about one inch in length, extending in an oblique direction from within upwards about one and one-quarter inches above the left brow. The wound united in the usual manner without the development of any complications, leaving a cicatrix, which is plainly visible at the present examination. The mother thinks the child has suffered from more frequent and severe headaches since the time of the injury, although she has been able to attend school regularly until one week ago, when she returned complaining of left frontal headache, which was so severe that she was unable to use her eyes for anything, and was very much distressed by nausea and vomiting.

The headache persisted daily, and, the third day after the onset, was attended by bleeding from the left nostril. Her nose bled ten times during the next five days, a few minutes each time. She has been affected by nose bleed previously, but not since the time of the injury, except as here noted. On the third day after the onset of these severe headaches her mother also noticed that she could not turn her eyes to the left side and carried her head to the left; she could neither turn her head to the right nor carry her eyes to the left, and complained that it caused severe pain and discomfort whenever she attempted to do either.

Upon examination a marked conjugate deviation of the eyes to the right was disclosed; she could neither carry the left eye out nor the right eye in even to the median line, either conjointly or singly with either eye covered.

R. V.  $=\frac{20}{20}$ . No improvement with glasses.

L. V.  $=\frac{20}{20}$ . No improvement with glasses.

The ophthalmoscopic examination revealed a perfectly normal fundus in each eye.

July 18th the case was referred to Dr. R. W. Amidon, whose examination resulted in a confirmation of the previous examination, and, to the best of my recollection, a diagnosis of a probable hysterical element as an etiological factor in the production of the condition; his report in detail has been unfortunately mislaid.

October 18th. In response to a letter of enquiry from Dr. Amidon, the following was sent

in reply: "The patient called yesterday, and, upon examination, was able to carry the pupil of the left eye 1''' to the left of the median line, which is 2''' better than she could do when you examined her; she is in good health and has attended school regularly for the last two months, during which time she has taken no medicine. Her mother has decided that since all of the distressing symptoms have disappeared and the child feels well, and has even less frequent headaches than she had before the time of the injury, she will not resort to any treatment for the turning of the head to the left, which still persists, but promises to call again in case the symptoms should return."

R. V.  $=\frac{20}{20}$ . No improvement with glasses.

L. V.  $=\frac{20}{20}$ . No improvement with glasses.

February 4, 1895. Ten years after her first visit the patient who had a subacute laryngitis, called with her mother, and upon request, consented to an examination; she still carries her head slightly to the left, and cannot carry the left eye out to the full extent; she can carry the right eye in; she complains of no headaches and no especial discomfort.

R. V.  $=\frac{20}{20}$ . No improvement with glasses.

L. V.  $=\frac{20}{20}$ . No improvement with glasses.

The ophthalmoscopic examination is absolutely negative, the fundus in each eye is perfectly normal, and there is no apparent error in the refraction of either eye. The condition present is amblyopia ex anopsia, which has progressively developed as a result of inability to attain parallelism in ocular excursion, followed by psychical exclusion of the visual image, which in time has resulted in physiological loss of perceptive sensibility, but not, it is believed, in any structural change in the eye itself or in the cerebral centres.

Case No. 1 here reported presents the character and history of many other cases of concomitant convergent strabismus. It shows conclusively that whatever the change which led to the loss of vision, it was not structural either in the eyeball or the nerve centres, but was in all probability a pure case of amblyopia which resulted from the long-continued mental visual suppression induced by the confusion of images caused by the loss of parallelism of the eyes, and that the amblyopia was in all probability the result of the squint.

The amblyopia having entirely disappeared after the loss of the fixing eye, when all the existing conditions were changed, indicates the certainty that in this case amblyopia was a condition and not a disease. The remaining eye, which had been apparently almost sightless, having become excessively amblyopic, after instruction and exercise designed to assist the visual effort, gradually increased its power of vision until perfect sight resulted and the sensitive point returned to the region of the macula lutea. The results of any past amblyopic condition entirely disappear, the eyeball itself and the nerve centres returning to a perfect state of health and visual acuity.



Case No. 2 demonstrates not only the existence of amblyopia ex anopsia, it also shows in an interesting manner how the mere impression of the use of the injured eye affects the nerve centres and clearly indicates that the amblyopic eye does not enter into the visual act even though the eye may be successfully operated upon, and that although it does not resume its functions while the fellow eye is still selected for use, it has the ability to, and does return to its normal condition immediately after the loss or destruction of the fixing eye. The confusion of images, caused by the mental impression of sight in the formerly fixing, but now cataractous, eye in this case, indicates the persistence of mental impressions and explains why continued closure of a fixing eye in strabismus cases does not frequently result in any material improvement in the vision of the amblyopic eye, the mental impression of the ability to see with the covered eye preventing the amblyopic eye from immediately assuming the function of sight.

The fixing eye being almost invariably chosen to continue the visual act, the squinting eye not only has no stimulus to increase its power of vision, but is deterred from resuming visual acuteness by the cerebral centres even if the visual lines have been paralleled by operation, because of the confusion of images accompanying any effort at vision. The cerebral centres having lost the conscious activity of the visual functions from continued suppression, generally remain in that condition in preference to re-establishing binocular fixation with its attendant confusion and discomfort. The persistence of the hypersensitiveness of the eccentric portion of the visual field in this case, even after the partial central scotoma had disappeared and central vision had practically returned, is indicated by the peculiar brightness and distinctness around the point of central fixation, and by the decreasing mental confusion in locating objects and lack of confidence in walking until normal projection was finally established.

The difficulty of a return of normal vision in an amblyopic eye, is apparent, and in the cases No. 1 and No. 2 here reported, only occurred after loss of, or loss of sight in, the fixing eye, which in case No. 2 was not influenced by a tenotomy, would seem to indicate that amblyopia is, in a large proportion of squinting eyes, an acquired condition resulting from squint and but rarely a disease which is an etiological factor in the

production of squint. The etiology of acquired amblyopia can be logically demonstrated if it is admitted that hypermetropia produces a constant tension of accommodation necessitating an increased convergence of the visual lines, and that the deviation from the normal axis of vision thus produced causes confusion of images and subsequently diplopia.

The natural tendency of the visual centres is to relieve themselves of this diplopia which is an offending condition, and relief is attained by a gradual loss of physiological sensibility through psychical exclusion of the vision of one of the eyes. The selected eye may or may not have diminished visual acuteness due to a greater refractive error than the fellow eye, each eye, however, generally having an hypermetropia of a greater or lesser degree, which is almost always present and is undoubtedly an important etiological factor in the production of convergent squint.

The importance of hypermetropia as a factor in producing squint is illustrated in the correction of refractive errors by properly adjusted glasses after operations for tenotomy; the relief of the tension of accommodation assisting in maintaining the parallelism of the eyes by removing the cause of the previous convergence, the eyes frequently appearing to be on a perfectly parallel plane with the glasses in position, and decidedly converged when the glasses are temporarily discarded.

The conscious activity of the visual functions of each eye is maintained and the condition of visual suppression does not generally occur as long as the eyes converge only periodically, or even when the convergence is of the alternating variety; but when constant convergence of one or the other eye is present the mental process of suppression may occur rapidly to an extent sufficient to prevent confusion of images and may subsequently become so excessive that the amblyopia will render the eye practically blind in consequence of the continued condition which favors a desire to mentally abstract the power of vision. The facts presented indicate the desirability not only of early operation in all cases of convergent squint before the amblyopic condition is fully established, but also the adjustment of correcting lenses which relieve the tension of the accommodation and should be used in all cases of convergence whether an operation for tenotomy of the recti muscles is resorted to or not.



Cases No. 1 and 2 in each of which the useful eye was destroyed by accident, established the fact that loss of vision from the amblyopia of disuse certainly could and did exist without any diseased condition being present either in the eye itself or in the cerebral centres, as was vindicated by the resumption of normal vision. The rapid recovery of perfect vision in the amblyopic eye in each case, within fifteen days, admitted no explanation except that loss of physiological sensibility had occurred, through psychical exclusion resulting from unconscious suppression of the visual image; this amblyopia ex anopsia was immediately overcome when the stimulus of exclusive sight perception incited the functional activity of the dormant, but not diseased, cerebral centres.

Case No. 3 is one of amblyopia ex anopsia which was undoubtedly the result of confusion of the visual image from a conjugate deviation to the left, occurring at an age when definite and positive statements could be made by the patient under examination. The vision in each eye was perfectly normal at the time of examination, which was made seven months after an injury to the brow had occurred; this would preclude the possibility of any structural change either in the eye or cerebral centres, as a result of the accident, entering as an etiological factor in the production of the amblyopia. The left eye of this patient, which, at the first examination had perfectly normal vision, became progressively amblyopic after the severe disturbance of the ocular muscles, developed the condition of discomfort resulting from confusion, which necessitated suppression of the visual image to re-establish comfort.

The question of the time when amblyopia will begin to develop, or when vision will be lowered, after absolute suppression of the visual image has been attained, is difficult of solution. In the case reported the improvement in the distressing symptoms occurred before the vision in the left eye was affected, and was without doubt the result of mental suppression, although the amblyopic condition was not yet present.

Psychical exclusion, it would appear, must be constant and continued in order that a loss of physiological sensibility may induce the amblyopic condition. A very intelligent patient, whose occupation as an engraver upon zinc necessitated the use of a magnifying glass for the right eye constantly each day, stated that he thought he

could suppress the vision of the left eye in single vision at will. He writes as follows: "I have found by repeated trial that my left eye sees nothing after I have looked continuously through the magnifying glass with my right. It seems as if a fog passed before it, but this only happens while my attention is concentrated upon the magnified object; as soon as I relax attention from the object, even slightly, the sight appreciably returns to the left eye. I cannot suppress the sight of the left eye singly at will." His business is of an unusual character, and can only be performed by two other men in this country, who are compelled to close the left eye while at work; he has been engaged in it for years, and the vision in the left eye remains perfectly normal. The magnifying glass used is a strong lens situated at a distance from the eye, and is not placed before the eye like the well-known watchmaker's monocular.

The inference that loss of sight increases in a ratio proportionate to the time of the existence of the suppression of the visual image, is clearly sustained in case No. 3 by the quality of vision in the left eye, 20-20—up to the period of time when the patient was enabled to resume her school work without any material discomfort. There would seem to be no doubt but that the existence of the deviation being a source of irritation to the cerebral centres resulted in the production of the symptoms described in the history of the case, and that the unconscious mental suppression of the visual image in the course of time induced *per se* the amblyopic condition.

In amblyopia ex anopsia, the affected eye converges, for the reason that the condition has been produced as a result of the impulse transmitted from the cerebral centres to the ocular muscles, which necessitates for comfort the subjugation of the visual act of one eye in consequence of a difference in the acuity of vision of the eyes, the result of probable refractive error, causing confusion of images and consequent annoyance of the sight centres. The convergence induced by the unconscious mental process results in diplopia which acts as a greater stimulus to the cerebral centres to enforce the mental suppression in which state comfort can only be attained.

### CONCLUSIONS.

(1). That the existence of amblyopia ex anopsia as a condition is positively proven by the almost immediate return of absolute-

ly normal vision in the amblyopic eyes of cases No. 1 and No. 2.

(2). That the control of the vision, of the amblyopic eyes by the cerebral centres in case No. 2 is positively indicated, through the confusion of images caused by the mental impression that the formerly seeing eye was about to engage in the visual act when the injured eye was not covered.

(3). That in Case No. 3 the vision in the left eye would become normal providing the stimulus of exclusive sight perception should be permanently established in that eye by loss of vision in the right eye, or in case an operation should be performed which resulted in the attainment of perfect binocular fixation.

(4). That the amblyopia of squinting eyes is a consequence and not a cause of squint.

(5). That it is not at all probable that congenital amblyopia the result of cerebral lesion or diseased conditions, would completely disappear and the eye regain normal vision under any imaginable circumstances.

(6). That changes in the muscular balance of the eyes affected by congenital amblyopia, the result of cerebral lesion or discoverable disease, are more likely to be in divergence than convergence.

(7). That after the loss of the seeing eye, in this condition, the hypersensitive retinal area developed as a result of the changed position of the point of convergence of the visual lines loses its increased visual power and the macular region resumes its function as the visual centre.

(8). That hypermetropia is the etiological factor in the production of amblyopia ex anopsia; and that it is most probable that squint and subsequent amblyopia are the direct result of hypermetropia in which there is primarily a difference in the degree of the refractive error and in the vision of the eyes.

(9). That in the cases reported the amblyopia was not due to structural changes either in the eyeball or nerve centres, but to continued suppression of the visual image induced by convergence of the visual lines superinduced by an hypermetropia.

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The Eddyites have by a simple device endeavored to do away with the legal requirement that a death certificate must be signed by a competent physician. They have proposed, somewhere out West, a legal enactment that any person who has witnessed a death may give the death certificate.

## THE DIAGNOSIS OF APPENDICITIS WHEN THE APPENDIX LIES IN THE PELVIS.\*

By George N. Waite, M. D.  
Newark, N. J.

In presenting this subject, I do not consider it necessary to take up the ordinary symptoms of appendicitis, as I presume that every physician here is thoroughly conversant with them. On account of the appendix being located in the pelvis in about twenty-five per cent. of all cases, as well as the difficulty in making a diagnosis, I determined to select this subject for presentation.

It might be well at this point, to look into a few of the causes of this mal-position of the appendix in these cases.

1. I would call your attention to a low placed caecum. 2. A long mesentery. 3. A long meso-appendix. 4. The wide pelvis of the female. Any, or all of these conditions may be the cause and can exist in any individual case. The fact that a larger majority of these cases exist in the female, would lead us to believe that the wide pelvic cavity of the female pelvis which as you well know, lacks the well developed psoas muscle at its brim, as found in the male, is one of the chief causes.

In all of these cases you will find the characteristic sudden attack, with colicky pain, diffused at first, with or without nausea and vomiting, and then usually locating low down at or near the median line and brim of the pelvis. The only other instance where you have a sudden attack of colicky abdominal pain, associated with nausea and vomiting and pain in the region of the pelvis, simulating an attack of appendicitis, is where the pedicle of an ovarian cyst becomes twisted. This can be differentiated easily by a physical examination. All other gynecological or pelvic diseases are without the sudden attack of abdominal pain referred to, and can also be excluded by a careful examination. Some cases will give the location of pain even deeper in the pelvis than stated. The majority of these cases will not have any pain referred to the right iliac fossa, and you are just as likely to have it upon the left side of the abdomen as on the right, if pain is felt to any ex-

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\*Read at a meeting of "The Newark Medical League." March 27th, 1905.



tent in any particular location in the abdominal cavity.

On physical examination in these cases, if they are not too far advanced, we will usually find a flat abdomen without any rigidity of the muscles, and these signs point to the appendix being entirely in the pelvic cavity. If a portion of the appendix remains above the brim of the pelvis, and that portion is also diseased, you will then find more or less rigidity of the right rectus muscle, with pain on palpation of the right iliac fossa; and the severity of these symptoms is directly in proportion to the amount of diseased appendix tissue lying above the brim of the pelvis. In those cases where the appendix lies entirely in the pelvis, we have no pain on pressure at McBurney's point. This is an exception in the presence of that one symptom upon which so many men rely.

We will have considerable irritation of the bladder, causing frequent micturation, as well as irritation of the rectum, giving a diarrhoea, more or less severe, according to the advancement of the disease and the formation of pus in these pelvic cases.

Whenever you have a case presenting the above symptoms, your suspicions may be confirmed, and your diagnosis made complete, by an examination of the pelvis per rectum with the index finger. By this means you will immediately recognize the pus formation in the pelvis, which will be filled more or less, according to the amount of pus, with a bulging smooth tumor. If the disease has not had time for this formation of pus as indicated, you will find either upon the right side, posteriorly, or near the brim, a swelling which is abnormal and very painful under pressure. The patient will usually suffer intensely when the examining finger comes in contact with this mass. I have in several instances found this mass at the brim of the pelvis, with firm adhesions supporting it there, the pelvis cavity itself being entirely clear. If it is in this location, by carefully palpating upwards with the index finger, and using counter pressure with the left hand upon the abdomen above, you will find resistance upon the diseased side very great, and sometimes firm, while the other side is free and relaxed.

In connection with this paper, and at this point, I wish to present a few cases, with the specimens removed from the

same, to illustrate the importance of the subject referred to.

Case 1. H. M., aged 14. Admitted to my private hospital and operated upon April 9th, 1902.

The symptoms presented in this case were as follows: Four days previous to admission I was called to see this boy and found him with the usual symptoms of appendicitis, without a distended abdomen, and with pain in his pelvis. The diagnosis was made in the manner referred to, and an operation was advised and refused by the parents, who stated that they did not believe that the boy had appendicitis because the pain was not in the right place. Ice was applied and the symptoms improved, and the pain almost entirely disappeared, so much so, that in forty-eight hours the boy declared himself absolutely free from pain, and was allowed to get up and move about the house. The parents were quite hilarious, feeling that they had avoided an unnecessary operation. On the morning of the 9th, two days later, I was called to see the boy, who had a return of his pain, and an examination showed a tumor, coming up from the pelvis over the brim into the right iliac fossa. An examination per rectum disclosed the pelvis filled with a large, smooth tumor crowding to the walls in every direction. The temperature at this time was only 99.4-5 and I might say at this point, that in these cases you usually find a low temperature, and not a high pulse, unless absorption is going on. I insisted upon an operation at once, and the boy was removed to the hospital. Upon opening the abdomen, the appendix was found to be entirely in the pelvis, with the caecum dragged to the brim, and all bound down with extensive adhesions. Upon breaking through the adhesions into the pelvis, about one-half pint of foul smelling pus was removed, as well as a gangrenous appendix, which I present to you for your inspection.

This boy made a good recovery and was discharged in thirty days entirely well.

Case 2. Miss M. B., aged 14. Admitted to my private hospital April 11th, 1904, and operated upon immediately.

History.—Four days previous to admission, this patient suffered considerable pain across the lower part of the abdomen. This occurred in the night, and she reported the same to her mother the following morning, who thought that it was her menstruation beginning. During this day the patient fainted several times, and complained of bearing down pains in the pelvis, which were in the median line and to the left. On April 9th, which was the day following these fainting spells, at 10 A. M. she was seen by her attending physician, who found her with a temperature of 103½, with some pain and tenderness to the left of the median line, and the rectus muscle tense. The menstrual cause was again a misleading factor. On the following day at 3 P. M. I was called in consultation. The temperature at that time was 102½. The patient suffered with pain low down in the median line, and to the left. An examination disclosed both recti muscles very tense, and in spasm. No tumor could be outlined from the outside. The patient declared that she had no pain on the right side. I examined the pelvis through the rectum, and found the left side entirely clear. The uterus was displaced to the left of the median line in the pelvis, and a firm resisting tumor was discovered spreading over the right half of the pelvis at the brim. This was slightly

tender under pressure, which did not elicit much pain. An examination of the vagina and cervix disclosed normal conditions. An attempt was made to locate the limit of the swelling above, which was difficult on account of the rigidity of the muscles, but finally, deep down in the iliac fossa, could be detected a swelling, which was not very prominent.

A diagnosis was made of a mass overhanging the right half of the pelvis, which was probably pus, of which the most probable cause was the appendix, even in spite of the absence of direct symptoms.

Her physician considered at this time that his patient was better than when he had seen her before, and an operation was advised in case the patient did not improve more rapidly in a few hours under ice applications. On the next morning there was no improvement and the patient was then operated upon. At the time of the operation the temperature was  $103\frac{1}{2}$  and pulse 140. The result of the operation was as follows: No adhesions whatever among the intestines, or at the right iliac fossa. The appendix was found overhanging the brim of the pelvis near the promontory of the sacrum. About one inch of the base of the appendix remained in the abdominal cavity. Upon opening the adhesions, a large quantity of thin serous pus was evacuated. The appendix was perforated, and several concretions existed in it. The pelvis was drained, and the patient recovered and was discharged entirely cured in eight weeks. The character of the pus found in this case indicated the most virulent form, and for fifteen days after the operation this girl remained septic, but from that time on she made a nice recovery. I present here her appendix for your inspection.

Case 3. T. L., aged 12. Admitted to my private hospital on Nov. 2nd, 1904, and operated upon immediately.

History.—Ten days previous to admission, this boy was seized with colicky pains in the abdomen, which were attributed to indigestion, and treated accordingly and the boy was allowed to go about. Two days before admission, he became decidedly worse, and a change of physicians was made. I was called in consultation on the morning of Nov. 2nd, which was the tenth day following the beginning of the attack. I found a temperature of 100, and the patient was suffering some pain in the abdomen, which was not very severe at this time. The patient had at the same time tonsilitis, with accompanying bronchitis, more or less acute, and his physician felt that most of his general symptoms were due to this more than anything else, and in this he was probably correct. An examination showed almost no pain at McBurney's point; a perfectly flat abdomen, with no rigidity of either rectus muscle. An examination per rectum disclosed the right half of the pelvis partly filled with a tumor, which was very painful under pressure. This boy had considerable diarrhoea. The diagnosis was made of a perforated appendix with pus, and an operation was insisted upon. Upon opening the abdomen, the abdominal cavity presented a normal appearance, with no adhesions existing among the intestines in the right iliac fossa. The appendix was entirely in the pelvis, and covered over with adhesions. When these adhesions were broken through, considerable foul smelling pus was freed, as well as a gangrenous appendix. The appendix was perforated, and I have the specimen here for your inspection, and now present it to you.

The pelvis was drained, and this boy made a good recovery, so far as his appendicitis was concerned. Following the operation, through which he acted very badly under the anaesthetic, he developed a pneumonia, which lasted for several days with a temperature of 105, and from which he recovered slowly. His ultimate recovery was retarded very much on account of the complication of the pneumonia, but even so he was discharged entirely cured on the fifty-second day after the operation.

Case 4. A. L., aged 21. Admitted to my private hospital February 7th, 1905, and operated immediately.

History.—Three months previous to admission, this patient had a bad attack of abdominal colic, which was thought to be indigestion, and which lasted two days. Three days previous to admission, he was again taken with another attack of colic. I was called to see him on February 7th, three days after the beginning of the attack, and he walked into the room to meet me, and volunteered the statement that he was only suffering from an attack of indigestion. An examination disclosed a temperature of 99 and a pulse of 80; a flat abdomen, no rigidity of the recti muscles, and no pain at McBurney's point. Pressure in the direction of the pelvis elicited pain. He admitted having had colicky pain, with nausea, at the beginning of the attack and several times since. An examination per rectum, disclosed an oblong mass, adherent to the right side of the pelvic cavity, extending from the brim downwards, about four inches, which was extremely painful under pressure. An operation was advised and accepted. Upon opening the abdomen, the intestines were found to be entirely free of adhesions at the right iliac fossa. The appendix lay in the pelvis for its entire length, covered with adhesions. It was removed with some difficulty, and had not yet perforated, but was covered with flocculent pus, with some accumulation of pus in the pocket from which the appendix was removed. This cavity was drained, and the patient was discharged cured twenty-three days after the operation. The specimen I now present to you.

#### *Conclusions.*

1. When you have colicky pain, with nausea or vomiting, always suspect an appendicitis. The only exception being the ovarian cyst with a twisted pedicle.
2. Never fail to make a careful examination per rectum.
3. Do not wait for an operation until a tumor presents itself in the right iliac fossa.
4. Do not delay because you cannot elicit pain and tenderness at McBurney's point.
5. Finding a flat abdomen without rigidity of the muscles does not exclude the possibility of a gangrenous appendix being in the pelvis.
6. Do not be misguided in cases of girls who are about to begin their menstruation.
7. The temperature is no guide, as it may be normal or nearly so in very bad cases.



## SOME NOTES AND OBSERVATIONS IN PRACTICAL THERAPEUTICS.\*

By Paul J. H. Markley,  
Camden, N. J.

"The ultimate object of all medical research is the treatment of disease." Thus spoke Fothergill, a half century ago, and though, since that time, medicine has made an enormous advance, if we include in the treatment the prevention of disease, the words are as true today as when spoken by that distinguished physician. The prevention of disease has always been recognized as an important part of the physician's duty. Doctors have always been ready to avail themselves of all scientific methods, which, from time to time, have been brought forth to accomplish that object, fully realizing that by so doing they were greatly limiting their business and curtailing their revenue, without, I fear, a corresponding appreciation on the part of the public, although demonstrating thereby that the medical profession has a higher motive than merely securing a livelihood, or accumulating a fortune. In short that of the common good of mankind; or in the words of the late Professor George B. Wood, "The relief of human suffering and the preservation of human life than which nothing, except the salvation of the soul, can be more important." Very much of interest could be said with reference to preventive medicine, and no doubt the future physician will be consulted as much for his advice to the healthy as for his treatment of the sick.

But it is my purpose to speak of a few points in therapeutics proper or the application of remedies, a subject, which I am sure, will be of equal interest to every practicing physician. For preventive medicine has yet much to accomplish, not the least of which is the proper education of the public, and the elimination of politics from all matters pertaining to the public health. But there will always come a time when medicines will have to be given and drugs are to the physician what instruments are to the surgeon, and just as important to be kept in order. Nor should we hesitate to adopt new medicines, if of sufficient merit, any more than

the surgeon would hesitate to adopt new appliances. And the physician should be familiar, not only with the mode of application, but also with the expected action, of new remedies if he would escape that opprobrium pronounced by the late Dr. Oliver Wendell Holmes, "That oft-times the physician goes about pouring medicines, of which he knows little, into bodies of which he knows less." Or, to again quote Professor Wood, speaking of the necessity for proper qualifications on the part of the physician, "The artisan, merchant or lawyer may be badly qualified for his duty without other evil than his own misfortune, but deficiency on the part of the physician may occasion loss of life." As before stated, I shall make no attempt, to more than touch on a few subjects in the broad field of therapeutics. It would require a volume, perhaps several, to contain even a brief description of the many new remedies, now offered for use. It is the pharmaceutical chemist, rather than the druggist, who manufactures the medicinal products. This new era of pharmaceuticals seems to have begun with the introduction of antipyretics, beginning with the antipyrin of Knorr. The great success of which gave renewed incentive to the chemist, so that the number of such remedies has been legion; and the mills continue to grind.

The chief source of these synthetical products is Germany, where many chemists are employed continually in their investigation and manufacture. These men are given every facility for experiment with their products, not only upon animals, but also upon human beings, quite regardless of final results. Many of these newer drugs have soon dropped out of sight. Some have been of value, and a few of very great service, and are numbered among our most valuable remedies, all thus complying with the Darwinian law of nature, "the survival of the fittest." The work of the chemist, however, has not been limited to the production of the syntheticals. We are indebted to chemistry for the isolation of many active principles and alkaloids, and in the earlier days, the separation of quinine from the Peruvian bark was purely a chemical discovery.

When I graduated in medicine, now more than twenty years ago, we knew nothing of many of the popular remedies of today. We knew nothing of sero-

\*Read before the Camden City Medical Society.



therapy. Chemistry had not furnished us with any of the many synthetical combinations. We knew nothing of organotherapy, and, of course, nothing of the X-rays. The Roentgen ray has accomplished some marvelous results; too numerous for me to attempt to enumerate in full. Introduced, or rather first utilized, as a means of diagnosis, it is now covering a large field of therapeutic usefulness. Personally I have had but little experience with the X-ray as a therapeutic measure. In three cases of carcinoma of the breast, coming under my observation, the results were purely negative. In a case of epithelioma, however, the results were marked and wonderful, the case was that of a middle aged man, who had a growth starting from the back of the tonsil, which was diagnosed clinically and later microscopically, as being an epithelioma. It grew very rapidly and at the time of the application of the rays was protruding from the mouth, thereby enabling a section to be obtained for microscopic examination. Under the application of the rays, in a short time the growth entirely disappeared; and now, about eighteen months later, there are no indications of return. I have also seen the X-ray act remarkably well in a case of obstinate eczema of the face, in a child one year of age. The disease had resisted all forms of internal and external treatment, but was cleared up by a few applications of the rays. Undoubtedly, of all the advances made in therapeutics, in recent years, the introduction of diphtheria antitoxin, is the most important, discovered in 1888, the result of the experiments of Kitasato, Behring and Frankel, it has very decidedly reduced the mortality of diphtheria. According to Welch, of Baltimore, from forty-two per cent. under the old method of treatment, to less than seventeen per cent. under the antitoxin treatment. The American Paediatric Society report a mortality of but twelve per cent. My own experience, though necessarily in a limited number of cases, shows even better results, of twenty-four cases treated with antitoxin, I lost but one, that a child of three years of age, who was not seen until the third day of the disease. A mortality of but four per cent. Many competent observers report even a lower mortality.

Nor have I seen any unpleasant effects, beyond that of a slight erythema, or an

occasional urticaria, that could be attributed to the antitoxin. Yet, not withstanding the almost universally favorable reports there are, strange to say, physicians who refuse to use it, just as there are physicians who argue that vaccination is useless. Only a short time ago a prominent physician remarked to a friend of mine, also a physician, "Ten years from now all your antitoxin syringes will be in the ash barrel and you will be sorry that you were ever guilty of using antitoxin." When asked if he had ever used it, he replied, "Oh, yes, just to satisfy the family." Nor was he convinced by the favorable statistics, claiming, as many of the opponents of antitoxin do, that you cannot rely on statistics. In some cases, it is true, you cannot, but the personal experience of every unbiased physician, who will use the remedy promptly and faithfully, would no doubt, show as favorable results as have been claimed by its most ardent advocates. In a suspicious case it should, I believe, be administered at once and we are not justified in waiting for a culture. For should the Klebs-Loefer bacillus not to be found, no harm has been done, as the serum is harmless, and purely negative in action on a healthy person; and if the case prove to be diphtheria, much valuable time has been gained. Also when administered it should be in liberal doses.

The standard of dose measurement of antitoxin, is arrived at, by inoculating a 250 gramme guinea pig with one hundred fatal doses of diphtheria toxin. The amount of antitoxin necessary to counteract this amount of toxin is known as a unit. The unit, therefore, is merely a measure of strength, and has nothing to do with the amount of the serum. Thus, we might have more bulk of serum, carrying only 1000 units, than we would have with a serum carrying 2000. From three to six thousand units, should be given to adults and one to three thousand to children. It is better to give too much than too little; and if the improvement is not marked in twelve hours it should be repeated.

In my own cases, in none of them save the one fatal one, was more than one dose administered. As regards the use of other remedies in connection with the antitoxin there seems to be some diversity of opinion. Many relying on the use of antitoxin together with some local ap-

plications. Personally, I use alcohol. The best local application perhaps is the Loeffler's solution of peroxide of hydrogen. Many of the opponents of antitoxin claim that it is depressing to the heart, apparently over-looking the fact, that it is the toxin of the infection, causing myocarditis that is depressing, and not the serum. This opinion they seem to have taken pains to spread abroad, for we frequently hear it among the laity, and I have had it, on more than one occasion, offered as an objection to the use of this remedy.

Another important use of antitoxin is as a prophylactic. When we have a case of diphtheria in a family, where strict isolation is impossible, it should always be used for that purpose; also during an outbreak in a school, hospital or other public institution. The prophylactic action continues, for a period of about four weeks. Thus, from what I have seen in my own practice and observed in the practice of others, I have as much confidence in antitoxin in relieving and curing diphtheria, as I have in a hypodermic of morphia to relieve pain, provided, and this is all important, that it be given early, say in the first twenty-four hours. And I hold that the physician who does not use antitoxin in a case of diphtheria, is guilty of ignorant, if not criminal neglect—ignorant, if not familiar, with its almost specific action, criminal, if though familiar with its great usefulness, he obstinantly refuses to give his patient the benefit of this greatest recent advance in medical science.

The unfortunate results following the use of antitoxin, notably in St. Louis, where a number of cases of tetanus developed soon after the serum had been given, was afterwards proven to have been due to the careless mode of preparation of the antitoxin, and cannot, or at least should not, be urged, as an objection to its use. Any more than should vaccine be condemned because tetanus notably in this city, has followed vaccination. Of the other serums in use we have the anti-tubercular, anti-pneumonia, anti-streptococci and anti-tetanic. Also a serum for scarlet fever, dysentery and erysipelas, and the very latest a sort of French novelty, the fatigue antitoxin. It is obtained by injecting into horses toxins obtained from animals that have been worked to death. Use of this antitoxin

is said to produce an immunity against weariness, and may be destined to fill a great field of usefulness, in the treatment of that "tired feeling." Truneck's serum, which consists of a watery solution of mineral salts, has been used with some success, in the treatment of arterio sclerosis.

Pasteur's method in the treatment of rabies is more of a preventive inoculation and consists of injecting an attenuated virus, rendering those bitten by mad dogs immune, by rapidly accustoming them to stronger and stronger injections of virus. This method has practically wiped out the mortality of this dread disease. With the exception of the preparations of the suprarenal gland, I have had no experience with the use of animal extracts. Mention of their use in medicine is made as early as 450 B. C. but it was not until 1869, when the articles of Brown Sequard appeared, that popular attention was attracted to them. In that essay his claim, that all cells of the body entering the blood, exert an important influence, supplying useful principles, the absence of which is felt when the glands from which these cells are derived are removed or destroyed by disease has been proven. Later, however, he did much to bring organotherapy into disrepute, by his extravagant claims for his testicular extract. From time to time extracts of nearly all the organs of the body have been experimented with in an endeavor to establish their therapeutic value. None of them, however, with the exception of the thyroid and suprarenal, have come into anything like general use. The thyroid has been used with excellent results in the treatment of myxoedema and Cretinism and with variable results in the treatment of obesity. The suprarenal, on account of its stimulating effect on the coats of the blood vessels, causes a distinct rise in blood pressure, which property is all contained in the active principle known as a adrenalin. This is of great value both as an internal and external remedy, and is used in the form of the chloride in solution of the strength of 1-1000, one minim of which, is equal to one-half grain of the fresh gland. Epinephrin, the first principle isolated and later suprarenin, did not represent the true qualities of the gland and it remained for Dr. Takamine, of taka-diastase fame, to isolate the true principle in adrenalin. It



is a direct stimulant to the heart muscle and to the muscular walls of the blood vessels. I recently read of a case of severe shock, the patient pulseless and apparently dead, being restored and life saved by a hypodermic of adrenalin. A recent investigator has concluded that shock is chiefly due to vaso-motor paralysis, and that ordinary stimulants can do no good in that condition, because the centre on which they act is paralysed, and that adrenalin is the proper remedy in such cases, because it acts independently on the heart and blood vessels and thus maintains a normal arterial blood pressure.

Adrenalin is recommended as a valuable addition to the hypodermic injection of cocaine for anaesthesia. It is said to render the field of operation practically bloodless, and also to retard the absorption of the cocaine, because of its action in contracting the blood vessels. On that account, at first sight, it might seem to be antagonistic to the action of nitro-glycerine, which has been recommended to be added to cocaine injections to counteract the blood raising principle of the cocaine, but when we consider, that cocaine raises blood pressure by its central action on the vaso-motor centre, while adrenalin raises the pressure by its local action on the blood vessels, it is readily seen that they are not antagonistic. Adrenalin is a valuable addition to the normal salt solution in nearly all conditions where that remedy is indicated.

Nitro-glycerine has recently come into prominence as a remedy, in haemoptysis. Dr. Francis Hare, of London, England, recently published a series of cases, that were successfully treated by that remedy. I have used it several times, and can fully endorse all that Dr. Hare claims. I believe, however, that in all cases of active pulmonary hemorrhage, a hypodermic injection of morphia, should be given at once. It is of great value in allaying the shock, which always accompanies these cases, and which is thought to be due to the mental impression, rather than to the depletion. Personally, I have long ago given up the use of ergot in pulmonary hemorrhage, its failure in these cases is probably due, as has been pointed out to its action in raising the blood pressure, especially in the pulmonary artery. Thus preventing the formation of a thrombus, the same reasoning would apply to digi-

talis, the use of which is frequently advocated in these cases. A remedy which is very valuable not only in pulmonary hemorrhage, but in uterine, as well, is the co-torine-hydrochlorate, or as it is popularly called, stypticin. I recently read of a case of severe hemorrhage of the lungs, which was controlled by 200 c. c. of gelatine injected into the back after all other remedies had failed. The same writer advocating the use of gelatine in the treatment of all hemorrhages. It may be given hypodermically, by the rectum or by the mouth, the only contraindication being acute nephritis. Being such a simple remedy, it is well worth a trial. Medicines have recently been almost discarded in the treatment of pulmonary phthisis: reliance in these cases, being upon good food, fresh air, and properly regulated rest and exercise. While I am thoroughly convinced of the great value of this combination, yet I am not prepared to give up the use of medicines entirely. Any remedy that will improve the nutrition, will be of service; for by improving the nutrition, we better enable the organism to combat infection. I believe arsenic to be of decided value, either alone, or combined with iron. It is especially useful in the early stages. The drug which I have found to be of the most value, however, is kalagua, given in the form of a solid extract. Kalagua is a native of South America, and attention was first called to its antitubercular qualities, by noticing, that cattle suffering from tuberculosis were cured by eating the leaves of the plant. It improves the appetite and aids in a marked degree digestion and assimilation, thereby greatly improving the nutrition. In the debilitating night sweats camphoric acid given in doses of 10 to 20 grs. at bed time, is perhaps the most satisfactory remedy. Cough syrups, on account of their tendency to disturb the stomach, should, I think, be avoided. Europhen, in 4-6 per cent. ointment, applied locally to the trachea, will sometimes act almost magically in controlling the cough.

Another group of which I wish to speak are the hypnotics. No class of remedies, not even excepting the anodynes, are so apt to induce the drug habit, and they should never be used as a routine. Insomnia is so often dependent on reflex causes, that the correction of these will be all that is required for the patient to

sleep, and these cases should be studied, with a view of removing such causes before resorting to the use of hypnotics. It should also be determined definitely, just how much sleep the person is getting. For what one person might consider a fair allowance might be considered insomnia by another. But there are cases both in acute and chronic conditions, in which we are obliged to use hypnotics, but it should be but to "bridge over" and not for prolonged use. Chloral, at one time the most widely used hypnotic, has been largely supplemented, by some of the less depressing remedies though I believe that in an obstinate case of insomnia, a combination of chloral and morphia, is the most powerful hypnotic that we have at command, next to that, perhaps, hyoscine hydrobromate will generally succeed. The addition of codeine, very much enhances its value, occasionally, however, we meet with cases in which the hyoscine induces an active delirium instead of producing sleep. I have seen two such cases. One of the great objections to the use of hypnotics is the unpleasant after effects, this does not apply to the remedies, which I have found to be the most satisfactory. Veronal and trional either alone or in combination. They are both quite insoluble and on that account, if given in capsule, should be taken about two hours before expected to act. The nearest approach to any unpleasant after effects, which I have observed was a slight drowsiness the following morning, which may have been due to slow absorption. Of the salicylates, aspirin, salol and salophen are perhaps the most popular in the order named. Salol is largely used as an intestinal antiseptic in typhoid fever. It is broken up in the intestines by the pancreatic juice, into salicylic and carbolic acid, sixty parts of the former and forty parts of the latter. Acetozone has been recently recommended as being a more efficient antiseptic in typhoid.

As to the value of antiseptics in typhoid fever, authorities differ, one class claiming that typhoid fever, being a general infection it is probable that intestinal antiseptics are of little value; while other authorities claim that the bacilli are limited to the intestines and that the toxins are the cause of the systemic condition; antiseptics thus being useful in destroying the bacilli and lessening the production of toxins. More recently Hare has shown, that by

the time typhoid is diagnosed, the germs have passed beneath the mucous membrane and can no longer be reached by germicides. Salophen has a distinct advantage over salol, in that it is broken up in the intestines into salicylic acid and a form of phenol, other than carbolic acid and which is not poisonous.

Salophen is very useful in relieving the muscular pains and nervous condition in case of grippe. In the treatment of rheumatism acetyl salicylic acid or, as it is more commonly called, aspirin has recently become a very popular remedy. It is broken up in the intestines into its component parts, the acetic acid uniting with the alkalies of the intestines and forming sodium and potassium acetate. Of the comparatively recent synthetical preparations, one which has rapidly sprung into popular favor is heroin, a chemical compound of morphia, it is principally used as a cough sedative and antispasmodic, though it has considerable merit as an analgesic, given by hypodermically, and when thus given, has an advantage over morphia by producing less unpleasant after effects. Heroin is insoluble and when given in solution, the hydrochlorate, which is freely soluble, should be specified.

Of the coal tar products, phenacetine, is considered to be the least depressing and in other respects being quite as efficient as any of the group, both as an antipyretic and analgesic, should I think be preferred. I doubt, however, if it is ever good practice to use these remedies to reduce fever, because of their depressing effects. And the use of hypotherapy for conditions of hyperpyrexia is much more rational and efficient, with the important advantage of being safe, though not quite as prompt or effectual as the coal tar group, in reducing fever. Quinine is, in my opinion, the only safe drug to use for that purpose. Some action should, I think, be taken either by the profession or by the health authorities to restrict the indiscriminate use of coal tar products in the so-called headache cures, the use of which is undoubtedly on the increase. The laity should be enlightened regarding their danger, as the newspapers are almost daily recording either serious or fatal results from their use. In a recent analysis of thirty-six different headache cures conducted by a prominent chemist of New York City, acetanilid was found to be present in thir-



ty and two contained belladonna and gelsemium. It is suggested, as a means of restricting their use, that the formula be required to be placed on each package, but I doubt if much could be accomplished in this way. As to the great majority of these powder patrons the formula would have no more meaning than an array of hieroglyphics, and besides the man with the headache thinks of but little else than relief.

The remarkable results, recently obtained from the use of atropia, given hypodermically in cases of acute intestinal obstruction, should I think, warrant its trial, in all cases before resorting to operation. In one such case, coming under my observation, the result was very satisfactory. Another of the recent additions, collargol or colloidal silver used in fifteen per cent. ointment, and known as the "unguentum crede" is of distinct value in septic conditions and recently I saw it do much good in a case of septic peritonitis.

Of the remedies introduced during the past year, I notice mention of a few that are at least novel. One of them, energenenes, is the juice of fresh green plants, obtained without the aid of heat or alcohol and said to contain all the active constituents of the plant. Thirty-six drops are said to represent one gramme of the fresh plant. The juices of valerian, digitalis, colchicum and lily of the valley, are already obtainable. Another new remedy is hiruden, a preparation made by grinding dried leeches and said, to represent the active styptic properties of the animal. It occurs in brownish scales soluble in water and is to be given internally. The introduction of this remedy is a reminder of the Russian remedy, introduced a few years ago and called antihydropsin. It was made by grinding the dried bodies of roaches and recommended in the treatment of dropsy, though meeting with but little favor. It also suggests the truth, of the aphorism, "Nothing new under the sun." For in ancient medicine we read of wolf's liver, fox's lung, scorpions, toads, lizards, frogs and substances too disgusting to mention, as having been used in medicines.

Another remedy, out of the ordinary is known as dyspeptine, and is a pure gastric juice of animals, especially swine, obtained through a gastric fistula, sterilized and recommended to be given in doses of

two to three tablespoonfuls. Thus we see how the enterprising chemist is constantly adding to our burdens, each new remedy having its advocates and fortunate is he, who can distinguish the genuine from the counterfeit, the grain from the chaff, but we keep on searching, for there is much that is genuine, though it cannot be discovered by color, weight or even by guaranteed indorsements, but only by constant hard work; and by hard work I mean study, for it has been truthfully said, that when a physician graduates his student days have just begun and he has only laid the foundation and erected the framework of future knowledge; and the physician to today who does not recognize this fact will soon find himself distanced by his more studious adversary. Nor does the study of therapeutics, consist merely of an enumeration of remedies, for besides knowing what they are, we must know what they are expected to do, the effect of them on the human organism, in health as well as in disease. Many practical illustrations, showing the importance of such knowledge could be cited, but suffice it to say, that without it no man can claim to be a rational practitioner.

Nor should we allow ourselves to be misled, by the treatment of new symptoms, for as Wood has remarked, "Symptoms are but the surface play of disease." We must go deeper than the surface, we must discover the pathological conditions at work. It is not sufficient that an anodyne be given to relieve pain nor an astringent because there is a diarrhoea, we must know why there is a diarrhoea and determine definitely the *cause* of the pain and apply such measures as will remove it. Nor can we have too large a list of medicines provided there is some difference in their remedial properties, so as to meet the diversified calls of disease and of the individual. We must be prepared not only to take advantage of a fevery change in the patient's condition: but in many instances, what is more important, to anticipate it and not wait for symptoms to turn up. Jacoby has better expressed my meaning in these words: "My responsibility is not lessened by my busying myself with hypodermics of brandy when a collapse, which I should have foreseen, has set in or with giving digitalis on the fifth or sixth day of pneumonia, with the pulse



flying up to 160 or 200, for anybody can perform that sort of prefatory treatment." Lest I be misunderstood, I do not mean that the physician should constantly administer great quantities of drugs, for I fully realize the dangers of polypharmacy. But what I do contend is, that he should so familiarize himself with many remedies, that should one fail he should have at his fingers ends many others, that might be useful in the condition under treatment. And I am also aware that rational treatment of disease consists simply in assisting and regulating the efforts of nature, or as a recent writer more aptly puts it, "Medicine is but the servant of nature." It may stimulate her to more energetic effort. It may restrain too violent action, but its power is in all cases limited to the support or modification of the natural processes and it is the natural processes themselves that effect restoration. Showing the importance of being so familiar with the natural processes and with remedial measures as to promptly take advantage of these ever changing conditions, we should also bear in mind that our efforts to assist nature are not dependent alone on the use of drugs, and I fear that we are too apt to overlook those valuable auxiliaries, electro-therapeutics, hydrotherapy, the rest cure, Swedish movements and massage. Much good can be accomplished by massage, especially in chronic conditions, and we find it masquerading as neural therapy, osteopathy, and many other "pathies." And unless all indications are at fault, however, loath we may be to acknowledge it, the practice of osteopathy is to become legalized in this state, either in accordance with the suggestions and recognition of the medical profession, or by statute framed in accordance with the osteopaths' own demands. Which shall it be? Some physicians claim that by recognizing them and giving them a place on the examining board we would attract less attention to them than we would by antagonizing them and that such a course would give better results in limiting the amount of their business. With this view I cannot agree—either with the motive, which is from a purely selfish standpoint, nor can I see that the deductions are correct. I believe that the more quackery is brought to the attention of the public, the more they will become enlightened and I quite agree with Dr. Os-

ler, who in his farewell address, delivered last week, said in speaking of the medical profession. "Our life is a perpetual warfare, the fighting attitude is the only absolutely safe one. The first of our foes is ignorance. Charlatans and quacks live on the ignorance of the public. They are the most formidable foes, with which we have to deal, let us fight these foes by educating the public." Should we disregard the views of this eminent teacher and have sufficient reasons been brought forth to justify us in offering a truce? Conceding that it would be of advantage to the physician from a purely business standpoint, can the medical profession reconcile themselves to the recognition, to the coalition and practically to the endorsement of this absurd doctrine? Can they so humiliate themselves and so lower themselves in public estimation by reducing the profession to the level of the ordinary, commercial pursuits? I say that we should not. If we must have osteopathy, let it come without any assent or approval on the part of the medical profession. I do not mean that we should sit idly by and enter no protest, but we should use all honorable means to prevent the system becoming legalized. Our opposition should be united and our motives should be made clear, so that it can not be said that by fighting them we are simply protecting our own interests. It should be clearly stated that the medical profession, in its present stand, is, as it always has been, contending for the welfare and protection of the health and lives of the community. And if, in defiance of our efforts, in defiance of common sense, sound judgment and unselfish, humanitarian motives, this absurdity is thrust upon us, by means over which we have no control, we can rest content that we have done our duty, and the responsibility should be placed where it properly belongs.

To be consistent might we not, with the same propriety recognize Eddyism, divine healing, hypnotism and all the other isms? Why not? Why discriminate against the other systems mentioned which *claim just as many marvelous cures as does osteopathy*? Why then is osteopathy entitled to any more consideration? Is it because its operators have been bold and aggressive, and I might say diplomatic, in gaining their present prominence and influence with the law-making

powers? Is that sufficient reason to entitle them to our approval? For, obviously, their pretensions are just as absurd and their education just as inadequate, as that of the members of any of the other "pathies," and just as capable of doing harm. In fact as one writer has said, "Osteopathy is the *Ne plus ultra* of absurdity." And I repeat, are we to sacrifice honor, dignity and tradition of centuries in order to provide a place in the community for these boastful pretenders? Can we consistently, on the one hand, continue our efforts for the preservation of human health, the preservation of human life and the common good of mankind; and on the other hand lend our endorsement to methods, which every member of the profession must know, mean in many cases loss of health, in some cases loss of life and with the ever present unmistakable motive, to "fleece the unsuspecting public?"

Those osteopaths, in their struggle for recognition charge the regular physician with using too many drugs, claiming their superiority in this respect because of not using any. The truth of such charges is not sustained by the facts, while I am not in accord with the man who boasts that he has one remedy for a dozen diseases, yet the tendency of modern times is to use as little medicine as possible, and in many instances we are content with not giving any drugs, or at least any active drugs. Hare says, "Nature often produces her most rapid cures, when left alone," thus justifying the use of bread pills and other placebos. And all of us I am sure have seen cases, where no medicines were indicated save for their moral effect, and to satisfy the caprices of the family.

Before active treatment is begun there should always be a clear indication for it. And how is this indication recognized? Only as before stated, by a clear knowledge of pathology, and the proper remedy can be selected only by a clear knowledge of its physiological action. So that we may know exactly what to expect from each medicine that we administer. For it is the physiological action that points the way to therapeutic use. As a proof of which many illustrations could be adduced. Take for instance the use of nitrite of amyl in angina pectoris. This was the outcome of exact observation of the pathology of the condition and of the physiological action of the drug. Un-

fortunately this apt illustration of cause and effect cannot always be carried out so clearly because the study of the pathology in many cases has not been so perfect nor our remedies so clearly pointed out. However we are rapidly progressing. Each year the investigator gives us additional information and each advance in pathology is followed by a corresponding advance in therapeutics.

Huxley has said "All true knowledge begins with empiricism." And that is especially true of therapeutics. Necessarily when our knowledge of physiological action was limited the remedies were purely empirical and even to this day we continue to use certain remedies in certain conditions because they have done good in similar cases, without being able to explain exactly how, and some of our most valuable remedies are the results of a long existing empiricism as, for instance, the use of mercury in syphilis and the salicylates in rheumatism. But when the pathologist gives us a clear knowledge of the essential nature of these diseases the matter will be clear; just as the beneficial action of quinine in malaria was known years ago, but not until the pathologist discovered the organism of that disease, did we know just how quinine did good. But who would withhold the use of mercury in syphilis or the salicylates in rheumatism simply because we cannot explain the *modus operandi* of their action. Such conduct would, to say the least, be unfair to the patient, and our first duty is to the patient. This being true, if the use of a proprietary remedy will do more good than the routine remedies which we are using, let us by all means give the proprietary.

By proprietary remedy is meant a remedy the composition of which is made known. As for instance, all the synthetic remedies are proprietary and protected by patents, requiring the formula to be made known; while the quack nostrums are simply trade marked, thereby escaping the requirement of publishing their formulae and the use of remedies, the composition of which is not made known, is to be condemned.

As to administration, I believe that most therapeutists contend that with most remedies better results can be obtained by giving small doses frequently repeated rather than large doses at longer intervals. The physician should also feel satisfied that he is getting what is pre-



scribed, because if supplied with inert drugs no matter how well versed in the nature of the disease he will meet with disappointment. Nor should the "just as good" methods of some druggists be tolerated, for substitution is one of the evils we must guard against. The great variety of drugs constantly coming into use requires a large stock to meet all demands, and thus the evil grows. Many of the drug stores devote more time to the sale of bric-a-brac, novelties and soda water than to keeping a stock of legitimate pharmaceuticals but in this I fear the physicians are largely to blame. For were there more prescribing and less dispensing on the part of the physician, the druggist would not feel obliged to devote his attention to the various side lines and the now too frequent business of counter prescribing, would no doubt be directed into the proper channel. Nor can our failure to obtain certain definite results from certain remedies always be laid to the druggist, nor to the quality of the drugs even, but rather to their mode of administration in the now too largely used compressed and coated tablet. Many instances could be adduced, where these tablets had passed through the entire alimentary canal without undergoing any apparent change. So that I think the administration of tablets is always an uncertain way of giving medicines.

In conclusion I wish to say that originally it was not my intention to occupy so much of your time, the few points which presented themselves at first glance have so spread out under examination that I find it impossible to condense them into a single paper without, I fear, trying your patience, and much has been omitted that I hoped to refer to. It is a broad subject full of practical interest and I trust, in the near future, will again be taken up by other, and more competent hands.

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### DIET IN TYPHOID.\*

By John Edward Pratt, M. D.,  
Dumont, N. J.

Twenty years ago I had a protracted case of typhoid which showed no signs of amelioration for thirty-five days. The temperature remaining about 104 during

the entire five weeks. A few days before the first fall of temperature and the decline of other symptoms, a relative of the family, a doctor of the old school, happening to come to town, a consultation was held. The only disagreement between the young and inexperienced practitioner and the man with an experience of fifty years was in regard to the diet. He looked shocked when I told him that I was feeding the patient two or three quarts of milk a day. And when he was further informed that the cream had not been removed he vehemently protested. "This must be stopped," he said, "or if you give milk at all, it must be skimmed." With the consent of the family, I continued the exclusive milk diet and, contrary to the expectation of the old man, the patient recovered.

Five or six years ago a young lawyer fell ill, I was fortunate enough to make a diagnosis of typhoid early. Feeling that his surroundings were not calculated to give him the best chance for recovery, he requested to be sent to a hospital. With my consent, his friends took him to a hospital in New York called, I believe, the Red Cross Hospital, whatever and wherever that may be. Being an intelligent and observing fellow, he wrote after his discharge what he had observed in regard to his treatment. That part relating to his diet I will give you in his own words. "The morning after I reached the hospital my temperature was 105 and two days later 107. Several times during the first week the temperature reached 107. I learned from the doctors that they let the temperature go as it would. The only nourishment for eighteen days was cracked ice and sterilized ice water except about four plates of strained chicken or beef soup and, possibly, five cups of coffee.

About the eighteenth day of this hearty diet the temperature dropped to 103. I was then fed every three hours, when awake, about a glass of a mixture containing five parts of sterilized water and one part of sterilized milk. As the temperature went down the proportion of milk was increased until, when normal was reached, I was allowed for three days pure sterilized milk and gruel also several times a very soft baked apple. On the fourth day I was allowed a small piece of very soft milk toast. When my temperature had been normal for two weeks a

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\*Read before the Bergen County Medical Society.

lamb chop and mashed potatoes for dinner. Three weeks normal, can eat anything."

These two cases illustrate the extremes of dietary in typhoid fever. In looking over several text books, published fifty to one hundred years ago, I find no specific directions regarding diet in this fever. "Nourishment should be bland and easily digestible," is about the only reference. Milk is not mentioned. I have been told by men, who are yet only in their seventh decade, that in their early days the giving of milk was unpardonable. During my professional days the dietetic pendulum has swung with violent and irregular motion. There are good observers today who banish milk from their dietetic list for typhoid; while others rely upon it almost to the exclusion of other articles. A few years ago a strict milk diet was the rule. Now there are departures from this exclusive feeding. The feeding of typhoid patients has come, in recent years, to be considered of the first importance. "The toxic action of the fever is attended by profound metabolic changes with active destruction of the body proteids," Curschman says that the important problem is to shield the proteids from this destructive process as far as possible by food. The processes of nutrition are greatly disarranged in the impairment of the functions of the stomach the salivary glands and probably the pancreas.

Graves and Murchison declare that we can and must fully nourish our typhoid patients from the outset. We should therefore try to replace the disintergrating proteids or attempt at least to limit this destruction by means of energy producing substances, carbohydrates, fats, gelatinous substances and alcohol. Regarding milk as a diet, "when the patient likes it and can digest and assimilate it, there is no better diet, containing all the elements of nutrition, easily digested, furnishing fluid to the tissues and is a good diuretic. The dangers are from over-feeding and under-feeding. Over-feeding is indicated by restlessness increased pulse and aggravation of abdominal symptoms. Under-feeding means malnutrition which favors the occurrence of complications and prolongs convalescence" (W. G. Thompson).

For an exclusive milk diet generally one and three-quarters to two quarts are

necessary in twenty-four hours; that is about six ounces every two hours day and night. A clean tongue and milk stools indicate that milk is being digested. It may be given raw, boiled, diluted with water, barley water, lime water, vichy, seltzer, etc. In diarrhoea it should be boiled, in vomiting it should be peptonized. In severe vomiting koumyss, matzoon, whey or buttermilk may be given.

An article by Henry P. Loomis (*Medical Record*, January 10, 1903) gives the treatment of typhoid in four of the large hospitals in New York, viz: The Presbyterian, Roosevelt, New York and Bellevue. The rules followed in diet may be summarized as follows: Milk is given exclusively through the whole course of the disease in all the hospitals except the Presbyterian. There they give beside milk, chicken broth, beef tea, egg albumen and varieties of wheaten food. The milk is always modified with lime water, barley water, or Vichy water, vichy, and is sometimes peptonized. In Bellevue no change is made in the milk diet until the temperature reaches normal. In the Presbyterian the first day the temperature is below 100 milk and toast and soft boiled eggs are given. At Roosevelt Dr. Delafield gives beef juice and scraped beef only in protracted cases before the temperature reaches normal. Dr. Thompson gives scraped beef when the temperature has not reached 100 for three days. At the New York when the temperature begins to fall, if the patient complains of hunger, beef juice is given. At Bellevue the patient is generally kept on milk for from four to six days after the temperature reaches normal. In the majority of hospitals as soon as there is complete defervescence the diet is changed to milk toast, broths, raw eggs in milk, soft boiled eggs, beef juice one ounce, scraped beef sandwiches, then chops and later baked potatoes after four to seven days of normal temperature.

Dr. A. A. Smith says that a common error is to give too much milk. His own custom is to adhere to a fluid diet for eight or ten days after complete defervescence. He has at times tried a more liberal diet, but always with disastrous results.

Dr. Frederick C. Shattuck, of Boston, says that from 1886 to 1893 his hospital patients were fed an exclusive milk diet until their temperature had remained at



or below 99 for a week. Since that time he has fed his typhoid patients according to their digestive power rather than according to the name of the disease; simply avoiding anything that can reasonably leave a residue irritating to the ulcerated intestinal surface. Under exclusive milk diet his mortality was ten per cent. in 233 cases. Under enlarged diet 8.45 per cent. in 246 cases. These patients were more comfortable and had a shorter convalescence.

Dr. Charles H. Lewis thinks that the returning appetite, moist tongue and retracted abdomen rather than a normal temperature determine the time for increasing the quantity of food and the patient's palate fixes the quality.

Dr. English, commenting on the tendency to an exclusive milk diet, thinks that milk is the worst possible food in typhoid. He depends almost entirely on dissolved beef, a la Weir Mitchell, and egg albumen stirred into cold water and acidulated with lime juice or hydrochloric acid, and sometimes he uses liquid peptonoids.

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### THE BACTERIOLOGY OF EPIDEMIC CEREBRO-SPINAL MENINGITIS.

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By James T. Hanan, M. D., Montclair, N. J.

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Cerebro-spinal meningitis is usually associated with one of three organisms (McFarland) the pneumococcus, the streptococcus or the diplococcus intracellularis meningitidis of Weichselbaum, so named on account of its peculiar relationship to the cells. In more rare cases are found the staphylococcus, typhoid bacillus and other bacteria. In the primary sporadic form of the disease, the meningococcus seems to be the special organism. It was discovered in 1887 by Weichselbaum and this diplococcus may have been identical with one previously found by Leichtenstern in the purulent exudate of a case of meningitis. This meningococcus or diplococcus intracellularis meningitidis of Weichselbaum is found in fifty per cent. of the cases of epidemic cerebro-spinal meningitis, in the nose in coryza, in the conjunctiva and in the purulent discharge of rhinitis

and otitis. In its morphology, it is a biscuit shaped diplococcus resembling the gonococcus and like this may be found in the protoplasm of the leucocytes: Weichselbaum also detected it constantly in sections from the brain and its membranes in cases of cerebro-spinal meningitis and in the exudate many free cocci may be observed. It has, in one case, (Gynn) been found in the circulating blood and also in pus from the knee joint.

Carl Fränkel has insisted that its morphologic peculiarities have so much in common with the pneumococcus that the most refined differential methods should precede a positive diagnosis. It stains readily by the ordinary aniline dyes, but, according to Weichselbaum, Mallory and Wright does not stain by Gram's method and this is really the distinctive differential point. A culture may be secured from the purulent matter of the exudate or from the fluid obtained by lumbar puncture. It is successfully grown upon agar-agar, glycerine-agar, Löffler's blood-serum or potato (Goldschmidt), but does not, however, well adapt itself to artificial media. At the body temperature, this coccus attains sparse development, forming more or less confluent lines of minute roundish, grayish colonies and is easily overlooked upon blood-serum. Its general characteristics of growth are not unlike those of the pneumococcus, streptococcus or gonococcus, although some authorities take exception to this statement and say that there is no resemblance in the blood-serum culture to the pneumococcus (Osler and Wyman). The culture is of low vitality and the cocci die easily, ceasing to grow when transplanted after eight to ten days.

Regarding its pathogenesis, animal inoculations are disappointing, although Sternberg affirms that mice are especially susceptible. It is not positively known by what channels infection by the meningococcus takes place, but Weichselbaum supposes that it is through the nasal, auditory or other passages, but especially through the nose where he constantly found it. In this connection, it is interesting to note that only two of fifty supposedly healthy persons studied by Scherer in whom this coccus was found, suffered from coryza which is an almost constant early symptom of cerebro-spinal meningitis.

To recapitulate: The diplococcus intracellularis meningitidis of Weichselbaum is a minute non-motile, non-flagellate, non-sporogenous, non-liquefying, aerobic and

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\* Read before the Orange Mountain Medical Society.



optionally anaerobic, pathogenic coccus, having no capsule and staining by the ordinary methods, but not by Gram's.

The specimen of cerebro-spinal fluid removed by lumbar puncture from Dr. Whitehorn's case, presented the following features. The amount withdrawn was about ten drachms, it was of a light, milky white turbidity when first obtained, but after standing for an hour or so the supernatant fluid became perfectly clear and at the bottom of the tube there was a creamy yellow precipitate of small amount; upon agitating the tube this proved to be composed of rather fine, whitish coagula that did not dissolve but instead floated about in the fluid.

*Pathological Anatomy.* Malignant cases of cerebro-spinal meningitis may exhibit no characteristic changes, the brain and spinal cord showing only extreme congestion. As a rule, however, the extent and intensity of the objective lesions correspond to the severity of the symptoms. In the majority of the acutely fatal cases, death occurs within the first week. There is an intense injection of the pia-arachnoid. The exudate is usually fibrino-purulent attacking the convexity as well as the base of the brain, where the meninges may be greatly thickened and plastered over with it. However, it is exceptional for the disease to be limited to the meninges; it is prone to extend into the underlying parenchyma. On the cortex there may be much lymph along the large fissures and in the sulci: "there may be a fluid resembling pus between the dura and pia mater." (Danielson and Mann). The cord is always involved with the brain, the exudate being more abundant on the posterior surface and involving the dorsal and lumbar regions more than the portions above; the ventricles in acute cases are usually dilated and contain turbid fluid or pure pus. (In the posterior cornua).

In the more chronic cases, there is a general thickening of the meninges and scattered, yellowish patches mark the location of a previous exudate. The ventricles also may be greatly distended with purulent serum (regularly well marked in children.—Delafield). The brain substance is, perhaps, softer than normal and has a pinkish tinge; hemorrhagic foci and foci of encephalitis may be found and, exceptionally, cerebral abscesses of considerable size. The cranial nerves are usually involved, particularly the optic, the auditory and the fifth nerves and this explains the occurrence of purulent in-

flamations of the eye and middle ear and of inflammatory swellings of the Gasserian ganglion; the spinal nerve roots are also found embedded in the exudate.

The microscope reveals clumps of polynuclear leucocytes about the blood-vessels, closely packed in a fibrinous material. The lesions in the tissue of the brain and cord are more marked in this than in other forms, (Councilman). They consist principally, in infiltration of the tissue with pus cells, which extend downward in the perivascular spaces; there may be foci of purulent infiltration and hemorrhage and of proliferative changes in the neuroglia and degenerative changes in the ganglion-cells and nerve fibres. Diplococci are usually abundant in the acute cases, but may be missed in the more chronic.

Pneumonia and pleurisy have been described in the disease; the spleen may be enlarged; the liver is rarely abnormal; there may be acute nephritis; the intestines may show swelling of the follicles, (Osler). It is plain that the lesions of the cerebro-spinal parenchyma greatly modify the clinical picture and that they must frequently have more to do with the severity of the symptoms than has the leptomeningitis itself.

### SOME OF THE DANGERS OF INFECTED MILK.\*

By Richard Cole Newton, M. D.,  
Montclair, N. J.

Bergey in 1900 and 1903 undertook investigations into the question of the sterility of milk when taken from apparently healthy cows, with every possible precaution against the entrance of bacteria, and to determine the presence in such milk of pus cells. It was found that the milk of some cows is quite rich in cellular elements and also in certain bacteria, especially streptococci. It was pointed out that these conditions are apparently associated with some inflammatory process within the udder.

No arbitrary standard has as yet been adopted as to the number of leucocytes that shall be considered as establishing the presence of pus; the pus cell being merely a dead leucocyte. However, Bergey agrees with Stokes in assuming that the presence of more than ten of these cells in the field of a one-twelfth immer-

\*Read before the Passaic County Medical Society, March 4, 1905.

sion lens shall be understood to indicate the presence of pus.

He found that the period of lactation has no direct influence upon the presence of pus cells and bacteria in the milk, although in some instances there was a tendency toward diminution of these as the time after calving increased. Only one cow was found in heat during these examinations, but the milk presented no abnormalities. He visited eight dairies and examined two hundred and seventy-two samples of milk, drawn with every possible precaution against contamination. Of these samples, one-third were sterile, and the remaining two-thirds contained from a very few bacteria up to 93,100 per c. c., 43% of the samples examined containing less than five hundred, while 10% contained over five thousand per c. c.

He made his investigation, first, to determine the presence of bacteria in milk as it comes from the udder; second, in milk that had been subjected to the ordinary manipulation of the dairy; third, to determine the presence of leucocytes and pus cells in the milk of healthy cows, and the significance of their presence; fourth, the prevalence of streptococci in milk and a determination of the connection between the presence of these bacteria and inflammatory conditions of the udder; and fifth, the relation of the streptococci, found in milk, to those encountered in scarlet fever, diphtheria, erysipelas, rheumatism and other diseases of man and the domestic animals.

The results of the investigation of the freshly drawn milk have been already partly detailed. The three types of organisms found most frequently in these samples, viz., the streptococcus, staphylococcus and the bacillus pseudo-diphtheriae, were found in such large numbers as to leave no doubt that they were derived directly from the cow's udder. In many of the samples, one of the three organisms was found in pure culture in enormous numbers. Of these the streptococcus was present most frequently and most of the samples showing over five thousand bacteria per c. c. contained this organism alone.

The presence of considerable numbers of streptococci probably always indicates an inflammatory condition of one or more quarters of the udder. The Swiss, French and Germans distinguish two forms of mammitis (a) the ordinary catarrhal

form which is sporadic, and (b) the contagious mammitis or "Gelbegalt" of the Swiss, which is readily conveyed from one cow to another and is destructive of the function of the udder. Streptococci are usually the cause of both forms of mammitis, though the catarrhal form may also be caused by the staphylococcus. In three cows, suffering from contagious mammitis, the milk contained a form of streptococci, which secreted a yellow pigment which seems to be the cause of the peculiar yellow color of this milk.

Since the presence of pus cells in considerable numbers is generally believed to render the milk injurious, it is of the utmost importance that the milk of all cows should be examined for these constituents.

On account of the great tendency of streptococci to persist for a long time, after the subsidence of the symptoms of active inflammation, all cows should be excluded from modern dairies whose milk is rich in pus cells and streptococci. If this were done, the frequency of mammitis in dairy herds would be decreased. All attendants showing sore hands or sore throats should be excluded from dairies, as many of the sore throats in man are due to streptococci. However, they occur in the throats of practically all healthy persons, so that the thorough cleansing of the hands of every attendant in dairies should be rigidly enforced, (and he might have added every precaution should be taken to prevent the breath of the milker from reaching the milk.)

Another curious fact was noted by Bergey, viz., that pus cells were present in several samples in countless numbers, although no bacteria had been found in the cultures, although they could be demonstrated in the sediment and were doubtless always present. In several of the samples containing countless pus cells, neither the streptococci nor the staphylococci were present: but a bacillus resembling the diphtheria bacillus and hence called the pseudo-diphtheria bacillus. The exact significance of its presence cannot be stated at present. These bacilli are similar to a large group of related organisms which are widely distributed in nature and are found on the skin and mucous membranes of man and some of the domestic animals, especially cows. They are quite common in vaccine virus. They have been repeatedly found in suppurations of human beings and once at least in



abscesses in white mice. Hence it is believed they are pyogenic in character and may cause a form of mammitis in cattle. Bergey believes that they are not the primary cause of the inflammation, but assist in maintaining it when once started; inasmuch as they were more frequently found in association with the ordinary pus organisms than alone.

A series of investigations was made to determine whether the agglutinative properties of cultures of the streptococci of different samples of the milk differed from the agglutinative properties of cultures from a case of scarlet fever. These cultures were used to immunize goats, and the serum of the latter was used for the tests. Cultures from cases of rheumatism, erysipelas and septicemia in man were also used. The results showed that in all probability the streptococci derived from these various sources are the same. In reference to the bacteria detected in milk after it had been manipulated by the ordinary dairy methods, in most instances a marked increase in the number were found. This important point was observed however, that if all the utensils were sterilized by steam immediately before the milking, there was no marked increase in the bacterial contents of the milk, and the bacteria present were mainly those from the cow's udder. This shows the immense importance of the utmost care in conducting the manipulation of milk.

Of the organisms from the utensils, the majority do not belong to the disease producing bacteria, but to the putrefactive. They may be highly injurious however, because they have the property of forming poisonous metabolic products (ptomaines) when growing in milk. They are largely air, water and soil organisms. The occasional occurrence of bacillus coli and bacillus alkaligenes in the samples indicates contamination by manure. These may gain access to the milk from flies.

Cells can be demonstrated in the milk of practically all cows, hence their number becomes a matter of importance. The presence of pus always denotes an inflammatory condition of the udder.

As to the pseudo-diphtheria bacilli, Bergey says, that their frequency in milk shows that they have their normal habitat upon the skin and mucous surface of cattle, as well as upon those of man; where organisms of allied nature can almost constantly be found. Their exact nature is

merely a matter of speculation, but we have evidently to deal with a large group of organisms at one end of which is the typical bacillus diphtheriae, varying in its morphologic and biologic characters according to its environment, and in pathogenicity according to circumstances. He divides these bacilli into three groups. In the first, there is very little difference morphologically or biologically from the true Klebs-Loeffler bacillus, although the pathogenicity of the former has not been demonstrated. The second group has distinct chromogenic properties, secreting a pigment varying from a very pale yellowish white to a deep orange. The third has no chromogenic properties, and a more marked deviation from the morphology of the true bacillus diphtheriae.

Here is opened before us a field of research of the utmost importance, as it has been alleged that the timothy hay bacillus may be the father of all the forms of tubercle bacilli, so this pseudo-diphtheria bacillus may well be the progenitor of the Klebs-Loeffler bacillus in man. When, if ever, the steps in the development of the pathogenic from the innocuous forms of these bacilli shall have been determined, preventive medicine will have made an advance of incalculable importance.

In the premises our duty seems plain to insist on bacterial examinations of all milk designed for human food, and the exclusion from the market of milk containing the pus organisms and the pseudo-diphtheria bacilli.

That no tubercle bacilli were found in Bergey's careful and systematic examinations is an exceedingly hopeful sign. He does not state whether he expressly avoided cows that showed some evidence of tubercular infection, although he does say that the examinations were undertaken upon the milk from apparently healthy animals. A similar series of observations should be immediately instituted upon average cattle, including the usual number of those showing evidence of tubercular infection.

Of the initial contamination of milk there are many important matters for consideration. The principal agent in spoiling milk is cow manure. This gets into milk in numerous ways, both in moist and dessicated forms. In the former condition it comes off the milker's hands, the cow's udder and flanks and is switched into the milk pail by the cow's tail. Flies



dropping into the milk pail carry this filth as well as many bacteria. The dung is dried and floats in the air, and on each particle thousands and probably millions of bacteria are lodged. There is dust from every source. The hay, the stable floor, the milkman's clothes, are laden with dust and every current of air, not omitting the milker's breath, keep these particles in motion. Harrington has shown that "a very small amount of fecal filth per quart of milk makes a very great increase in the number of bacteria per cubic centimeter." Thus it has been shown that one-tenth grain of stable dirt to the quart of milk will yield about three and one-third millions of bacteria per c. c.; with one-third grain, the number rises to more than 7,000,000, and with a little more than one-half grain, it rises to nearly 13,000,000.

The average bacterial content of sewage is stated to be from one to 4,000,000 per c. c., hence we see that a contamination of one-tenth grain of manure, an almost, or quite, invisible quantity to the naked eye, per quart of milk, will cause a bacterial content equal to that of ordinary sewage. This appalling statement is equalled by another by the same high authority, namely, that from quantitative determinations of the amount of stable dirt in many samples of milk it has been estimated that the milk consumers of Berlin drink every day no less than 300 lbs. of cow manure, and what is true of Berlin in this regard, must be equally true of New York and other cities; so that in the metropolis of America probably no less than five or six hundred pounds of cow manure are drunk every day in solution in the milk. Cow manure is quite soluble in warm milk, consequently a large portion of the quantity finding its way into the milk pail is quickly dissolved and can never be removed by subsequent straining as Conn and others have proved. In Bulletin 134 of the Michigan State Agricultural College Experiment Station, it is said: "The liquid impurities (of milk) cannot be detected by the microscope. No Pasteurizing process can cure or cover up the evil results of nastiness in milking. The particles of manure convey to the milk digestive ferments from the bowels of the cow. They set up that class of fermentation that gives to milk a slimy physical condition and a decidedly unpleasant odor."

From this common form of contamination, we trace many of the intestinal dis-

orders of bottle-fed infants, and as we have elsewhere shown, the best remedy is to prevent the initial pollution of milk by using the covered milk pail. The covered pail, which appears to best fulfill its function of preventing this pollution of milk during milking, is the one designed and used by Dr. North in his dairy near Trenton in this state.

Cobb believes that the etiologic importance of milk in tuberculosis is greatly over-estimated, inasmuch as in those countries where it is used sparingly or not at all, and in others where it is invariably boiled before use, tuberculosis is as prevalent as elsewhere.

Edsall, of Philadelphia, (*Journal A. M. A.*, October 29, 1904) has called attention to the evil results of giving impure milk as food during sickness and states that in many cases the prognosis is changed from favorable to fatal from this cause. He added that the evils of the milk infection in fevers are overlooked because the bad symptoms are referred to the primary disease.

An undescribed form of sickness called milk sickness, is reported to have appeared in Illinois last fall, from which four deaths had occurred. The State Board of Health instituted a systematic study of the disease, with what results we are uninformed. It was formerly thought to be contracted from the ingestion of the milk or flesh of cows suffering from the "staggers."

Of the large class of infectious diseases which may be carried by milk, I have no time to speak at length. The epidemic of typhoid fever in Montclair in 1894 was clearly traced to the milk from one dairy, where the cans were washed with water polluted by the discharges from a case of typhoid.

Colonel Giles in his recent work, "Climate and Health in Hot Countries," gives an instance of the infection of milk in a military dairy in East India which was due to sheer laziness and cost nearly fifty lives. The water supply at the station was excellent and all the water used in the dairy was supposed to be drawn from a stand post. Unfortunately there was a well on the dairy premises and the soldiers in charge were too lazy to prevent its being used. One of the native dairymen lived in a village in which an epidemic of cholera was present, and like all Hindoos had a special vessel for drinking

water. This vessel he used at home, and also during the day to get himself a drink from the well in the dairy. He remained himself free from the disease, but the germs of cholera were carried, adhering to his lotah, or drinking cup, from the infected village well to the dairy well, and this in its turn infected the milk stored in vessels which had been washed in the well water with the terrible results already mentioned.

The epidemic of diphtheria in 1901 in Essex County was, to the satisfaction of nearly all those who investigated the matter, traced to another dairy.

Owing to the great difficulty of demonstrating the pathogenic germs which cause a number of infectious diseases, and to the fact that the specific germs of many diseases have not yet been discovered, of course, their demonstration in samples of milk has not generally been practicable. But reasoning from analogy, it seems to be certain that almost any infectious disease may be conveyed by milk, and it is also certain that in nearly all cases the milk is contaminated after it leaves the cow's udder; hence the enormous amount of care which should be exercised in handling and in marketing milk.

In regard to the transmission of tuberculosis by cow's milk, it seems to have been demonstrated that both human and bovine tuberculosis may be passed from cattle to human beings, and human tuberculosis may be conveyed from one person to another by means of milk.

In regard to the infection of human beings with bovine tuberculosis I will quote Dr. Salmon (*Maryland Medical Journal*, Feb., 1904) who says that the infection and re-infection of human beings with bovine tuberculosis is one, if not the principal cause, of the long continued virulence of human tuberculosis. To use his exact words. "The (human) tubercle bacilli are generally much more saprophytic in their characters and far less virulent than those of most other mammalian sources, and it seems that the human organism has the power of attenuating those bacilli and gradually making them less and less harmful, but this influence for good must be continually counteracted by the infusion of extremely pathogenic germs from animal sources."

I add some former remarks of my own. "What then is our duty in the premises?"

It seems to me that there can be no doubt in any thinking mind that a law should be passed making a semi-annual test of every dairy animal in the United States compulsory, and providing for the slaughter of every one showing any evidence of tuberculosis; and providing further that the owner shall be compensated to the full extent of the damage done him by slaughtering his animal or animals."

"We are at present only dallying with this serious and growing evil. Let us strike at the root of the matter and without stopping to count the cost take the only step which can rid our country from the principal source of the infection of our children with this horrible disease."

### WORKS AND NOT WORDS.

#### An Appeal from Mr. Bok to the Medical Profession.

PHILADELPHIA, May 15, 1905.

To the Editor—During the last year I have received hundreds of letters from physicians in every part of the United States commending the attitude of the *Ladies' Home Journal* in its efforts to awaken the public to an understanding of the patent-medicine curse. Scores of commendatory resolutions from medical associations have likewise come to our company. All these have been gladly received and appreciated, and our acknowledgements in each case have tried to express this fullest feeling of satisfaction. It is, therefore, with no lack of appreciation that I say that, while these individual and association commendations have been pleasant, I could wish the sentiments therein expressed might have resulted in some effective cooperative work.

What I mean is this: During the past winter there were introduced into the Legislatures of not less than fourteen states bills which had for their object the regulation of the sales of injurious patent medicines, or the compulsory printing of the ingredients of those medicines on the label of each bottle, under penalty of fine on conviction. Committee hearings were given on these bills in each state. The proprietors of some of the patent medicines were exceedingly active—and effectively so—in their opposition to these bills. Associations interested in the patent-medicine traffic worked with unceasing vigil to defeat the bills—which they succeeded in doing. The newspapers in these states carrying the advertisements of patent medicines were notified that this legislation was not desirable. Skilful lawyers appeared before these committees in opposition to the bills. Every effort, in short, was made to defeat these measures, and in all save one state the bills were "killed."

Now, who appeared in favor of the bills, at these hearings? Generally, members of the Women's Christian Temperance Union, whose zeal usually exceeded their discretion and judgment—well-intentioned, but ineffective. In one or two cases representatives of some liquor dealers' association appeared in behalf of the bills. But not in a single instance, and I speak by authority of personal representation at each of these hearings, did there appear a single physician or the representa-



tive of a single state, county or city medical association. There was not the slightest active interest taken by physicians in these hearings, and yet scores of physicians wrote me irate letters after the bills were defeated, deploring the corruption (?) of the Legislatures in their states!

These hearings were usually of the most perfunctory order, and, from the side of any advocacy of the bills, absolutely without interest, since scarcely any one appeared to give intelligent or convincing reasons why the bills should become laws. Now, I ask the physicians and medical associations of this country, How are we ever to secure effective legislation against patent medicines until some intelligent reasons are presented by intelligent people having the respect of a community, why such legislation should exist?

It is not only likely, but probable, that during the next fall and winter terms there will be introduced into the Legislature of nearly every state in the Union a regulative patent-medicine measure—bills which have a vital interest to every physician in the United States; and my object in this letter is to draw to the attention of every physician, and particularly every medical association, not only the need, but the necessity, for their cooperation in this legislative work.

It is not meeting this question for physicians and associations to contend that their appearance and arguments before these committees would be deemed as emanating from interested motives, and thus have no weight. Surely, the other side does not argue thus, and their appearance and arguments before these committees are certainly from "interested motives." The statements and arguments of reputable physicians of the communities concerned would have the greatest possible weight before these committees. In fact, in several cases members of these committees have asked and desired that some physicians of standing should appear at the hearings and marveled at their uniform and consistent absence.

Here is not only direct work for every medical association in America, but an actual crying need for such work, and, if I may speak a little frankly, a clear case of shirking responsibility where such work is not forthcoming.

I shall be in a position to know of the introduction of these legislative measures in any state where they are presented, and if in each state the leading medical association would appoint a committee, and a similar committee appointed by county and city associations, and the full name and address of the chairman of each committee can be forwarded to me, between now and October 1st next, it will afford me pleasure to communicate with such party immediately on the introduction of such a measure in the Legislature of the state and supply him with printed material, now being prepared, containing arguments for the regulation of the patent-medicine traffic in America and showing what has been done by other nations.

But the fact cannot be too strongly urged that the most representative physicians in the state, city or county, the men occupying the highest positions in their professions and having the unquestioned respect of their communities, should be members of such appearing committees. The greatest weight should be given to the arguments presented, insuring the most effective influence.

It should not be necessary to add—but still I will do so, in case of the exceptionally suspicious mind that is always with us—that no advertising element, so far as the magazine of which I am

editor is concerned, enters into these desires on our part or into the material being prepared. The publishers of the *Ladies' Home Journal* have no desire that their periodical shall enter into these hearings as a periodical, mentioned, quoted, or commended; they do not crave such advertising; the magazine does not need it. The periodical entered on its editorial treatment of the patent-medicine curse from principle and from no other motive. Its only interest is the interest of the great public at large, not the commendation either of it or its editor. Both have received that at the hands of the medical profession. It now asks at the hands of that profession works, not words.

EDWARD BOK,

Editor of the *Ladies' Home Journal*.

### THE PATENT MEDICINE EVIL.

Elsewhere in this issue we print a communication from Mr. Bok, editor of the *Ladies' Home Journal*, which is both an indictment of and an appeal to the medical profession. The criticism is a just one. No one knows better than the physician the wreckage caused by the indiscriminate use of patent medicines, and it naturally follows that the profession should take the lead in the fight against them. And in reality it has done so,—although individually and spasmodically it is true—but with what result? Opposition on the part of newspapers, some of which could not exist if it were not for the patent medicine advertisements, and on the part of the "vested interests" affected. And the main answer to the charges made by physicians was that they were based on selfish motives, that patent medicines cured those who would otherwise go to physicians, and consequently the income of the latter suffered. It has been useless to say—what is a fact—that the use of patent medicines is detrimental to the health of the people, and increases, not decreases, the number of those who have to consult physicians. Of course such opposition was to be expected, but most of the few who took up the fight in the past soon became discouraged and gave up, instead of determinedly sticking to it, realizing that every reformer's path is full of thorns. Mr. Bok has made the alcohol question the basis of his crusade, but physicians know that this is only one of the evils. The intemperance that results is insignificant compared with the other physical injuries that develop from the indiscriminate and ignorant use of patent drugs. It is certainly encouraging that a layman has now taken up the matter in the practical co-operative manner which is suggested, and we can assure Mr. Bok that physicians everywhere stand ready to aid him by deed as well as by word.—*Journal A. M. A.*

Some men decline to make an effort to get certain men to join the county society on the ground that they are not fit material. I do not agree with that idea, for the worst man can be improved in every respect and nothing else will do the work like membership in the county and state organization. This gives them contact with men whose influence is uplifting beyond conception.

I find that the best way on earth to get bad qualities out of my fellow practitioner is to get them out of myself and let him see how admirable it is. My plea to the 599 physicians in the southern district is: Never lose an opportunity to make a member a better member, and never neglect to induce those on the outside to unite with us.—*Dr. John Robert Graves Howell.*



# THE JOURNAL

OF THE

## Medical Society of New Jersey.

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### JULY, 1905.

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*Each member of the State Society is entitled to receive a copy of the JOURNAL every month.*

*Any one failing to get the paper promptly will confer a favor upon the Publication Committee by notifying them of the fact.*

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### VOLUME TWO.

To say that the feeling which the members of the State Society manifested toward the JOURNAL at the annual meeting and their unanimous desire that the paper should go on are gratifying to us, is a mild form of expression.

The kindly appreciation and heartfelt interest which our confreres have shown toward us has touched us deeply.

It seems that the Medical Society of New Jersey needs our humble services, as in fact it needs the services of every member, and we believe that it is our duty to do what we can, in the lines laid down for us.

We never expected to make this paper in any sense a rival of the great medical publications of this country. We set out to make it useful to the medical profession of this state and to advance and solidify the interests of the State Society. If we have in any measure succeeded we are content. We can not find suitable words to thank you for your kindness and encouragement to us, but will try to show our gratitude by renewed efforts to give you the paper you want.

### THE 139th ANNUAL MEETING

Passed off remarkably well under the able management of the president. We have seen presidents work hard before but it has rarely been our good fortune to see one get the work along so fast and keep everybody in good humor at the same time.

President Johnson has set an example of firmness, of alertness, of attention to duty, and of, in a word, the qualities of a leader, which we trust his successors will ever follow.

The scientific work of the meeting was, in our opinion, the best that the Society has ever done. The general character of the papers and discussions was so high that

mention of particular names would be invidious. We were especially impressed with the fact that the gentlemen who arose to discuss papers had, in nearly every instance, prepared themselves carefully beforehand and that in consequence little time was wasted in useless repetitions, and the speakers were actuated by a desire to elucidate the subject rather than to hear their own voices. In other words there was a very evident intention to present good matter on the part of the readers and an eagerness for instruction on the part of the listeners.

That some few papers were read to a scant audience is the fault of our antiquated system. So long as the papers are all presented in one general session some of them must be slighted. It is beyond the power of human endurance to listen to scientific papers and discussions for three or four hours continuously.

The papers must be grouped in subjects so that the members can select those they especially wish to hear and to discuss, leaving the others to be read at leisure as they appear in the JOURNAL. This, of course, means that the Society must be divided into sections for its scientific work, and each section should be in charge of one of the vice-presidents. These sections can sit simultaneously. A great deal more work will in this way be accomplished and there will be much less probability of a carefully prepared and erudite paper being read by title or being given to empty benches. A much larger number of men can be interested in the work of the Society if they know that their papers will not be crowded out but will receive a respectful hearing and be followed by an appreciative discussion.

Our Society is one of the comparatively few state societies not already so divided and we can not postpone this division much longer.

As Dr. McCormack has pointed out, some state society meetings are helpful and instructive to a degree and others are dull and unprofitable, and this difference is due not to inequality in the personnel of the societies but to the way in which the scientific program is arranged and the work brought out.

The meetings of the House of Delegates should be in future entirely distinct from the Society meetings. The president's and vice-president's addresses and the orations should be the only scientific papers delivered before the general meeting. As this

whole question is one of the utmost importance we hope that our readers will write us freely in regard to it. Short, pithy letters to be printed in our correspondence column would be of great interest and would assuredly be a welcome guide to the program and scientific committees in arranging the next annual meeting.

By all means let us have a free expression of opinion from every reader of the JOURNAL.

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### THE SUCCESS OF THE MEETING

Was largely due to Drs. Chambers and Woolley, the chairmen respectively of the Scientific and Entertainment Committees. We are in a position to know that both these gentlemen did a great deal of hard work to make things go right. And we are also in a position to know that our members generally appreciate this and are grateful for it.

It is only fair to add that Mr. Cotentin made the most charming host of any hotel proprietor that has, in our experience, entertained the Society. He is indeed "Magister artis culinariae et hospitalitatis doctor."

Next year the meeting is to be at Atlantic City, a place of world-wide reputation for hospitality, and if the entertainment there is not equal to that at West End it will not be the fault of the Atlantic County Society.

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### WORKS NOT WORDS.

We print in another column Mr. Bok's letter to the medical profession in regard to what he truly styles the patent medicine curse. Were the doctors in the United States one-half as active and as fearless as Mr. Bok something might be accomplished in the effort to rid our land of this egregious wrong.

\$80,000,000 a year are said to be spent for patent medicines in the United States. There ought to be little need to dwell upon the evils which result from this traffic. It makes drunkards, robs the poor and brings disgrace upon the practice of physic. And yet physicians sit supinely by and allow the nostrum vendors to throttle every attempt to procure reasonable and proper legislative restrictions upon this flagrant abuse.

No class in the community are so blind to their own interests as the doctors. And no class we may add have better intentions and nobler aspirations. But an organized effort to sway public opinion and exact the pas-

sage of proper legislation in regard to secret pharmaceutical preparations seems quite beyond them.

In this matter duty and interest happen to be in the same boat. Let our legislative committee see to it that if a bill shall be introduced into the legislature of New Jersey next winter, requiring that all packages containing patent medicines shall have the formulae of their contents plainly printed on the label of every bottle or package, the same shall have our energetic and undivided support. And, further, if no such bill shall be introduced from other sources into the New Jersey legislature, it will be the duty of our legislative committee to see that such a bill is prepared and presented and to see further that it shall receive vigorous and untiring support.

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### FOOD FOR THOUGHT.

Under the above heading the *Journal of the American Medical Association* for June 3, 1905, calls attention to a report of the Committee on Chemistry of the Council of Pharmacy and Chemistry printed in the same issue.

The report should be read and pondered by every one who prescribes medicines, and a copy of it ought to be given with every box of "headache powders" so that people might not only know the constituents of the remedies they are taking, but the dangers attendant upon their use.

Acetanilid being the main ingredient in the six remedies reported on. A consideration of the toxic action of this drug becomes especially important.

In the same issue of the *Journal of the American Medical Association* appears a carefully written paper by Dr. D. D. Stewart, of Philadelphia, on "Chronic Poisoning by Acetanilid," which we also commend to our readers for careful perusal. To the cases cited by this author we might add one of our own reported in the *Medical Record* of March 7, 1896, of poisoning from acetanilid used as a dressing for a burn.

Owing to its cheapness and pronounced analgesic properties this drug is used to an enormous extent by almost everybody. In spite of the fact that its use is unquestionably in many ways extremely pernicious. Furthermore many people who have been warned against the dangerous nature of acetanilid buy and use headache powders not knowing that this

harmful drug is the principal, in some cases almost the sole, ingredient.

And here is where the unscrupulous patent medicine man gets in his work. If sensible people knew what he is offering them as "harmless and effective" they would not buy his wares. Shame on such practices! Shame on the lay press that advertises these nostrums! Shame! Unutterable shame upon the medical press that practically does the same thing.

We, who know our duty in the premises so well, for a few paltry dollars barter away our birth right and sell our honor in the market place.

### WHY DO PEOPLE USE SUCH QUANTITIES OF HEADACHE POWDERS?

There are a number of reasons for this. Principally because headaches are a common affliction of modern man and woman. Certainly nine-tenths of all headaches are due to avoidable causes, of which the principal one is over-eating. Add to this our indulgence in tea, coffee, tobacco and alcoholic beverages, want of a proper supply of fresh air, bathing and exercise, ocular defects and too little sleep and we have named the causes of nearly all functional cephalalgia. Now, which is the more rational course, to allow our patients to continue these unwholesome practices and direct them to take coal tar products, which are themselves injurious, soda and salicylate of soda to palliate their headaches, or to insist upon their leading such lives that they will not suffer from headaches?

A therapy that administers palliatives to mitigate the consequences of unhygienic living is even more unscientific than to stimulate a tired-out horse by whipping him. The final breakdown will only the more surely and quickly come when palliatives are used because they mask the real condition and cover up temporarily the unwholesome influences which are undermining the constitution and destroying its resisting power.

It will be observed that we did not mention overwork as a prevalent cause of headache.

We believe that work *per se* is a rare cause of headache. Did people live as nature intended, headaches would be almost unknown, albeit much more work might be done than can be got through with under present conditions.

People who clog their emunctories with

excessive aliment are always working at a disadvantage. Like an engine trying to get up steam when the boiler flues have not been cleaned out. Some one has said "Mankind is stupid about many things but about nothing else is he so stupid as about his eating."

Headache powders really enable a person to go on outraging nature just as alcohol or other stimulants may.

Let us live correctly ourselves and instruct our patients how to do so. And not wink at their unhygienic and slothful lives while recommending headache powders and other unscientific and unwholesome palliative medication.

### COAL TAR PRODUCTS AS MEDICINES.

Why these substances should not be classed as poisons and their sale placed under the same restrictions as those controlling the sale of opium, strychnine and arsenic, we confess that we do not see.

Probably most of our readers will be surprised to learn from Dr. Stewart's paper that victims of the "acetanilid habit" are to be found amongst people, who have, presumably, in all innocence formed this habit and have found it as difficult to break off as to give up any other drug habit.

The doctor relates at length the pernicious effects of chronic acetanilid poisoning upon the blood, the nerves, the digestion and, in short, the entire economy.

Of the sale of nostrums containing acetanilid and other coal tar products, there is no end in sight. We assume that every proprietor of a drug store, be the same small or great, compounds and sells without let or hindrance some form of headache powder or pain destroyer containing one or more of these dangerous ingredients.

The most lamentable part of this bad business from our standpoint is that physicians being ever keenly alive to an opportunity to injure their own reputations and impoverish themselves by prescribing proprietary medicaments and thereby inducing the laity to fall into the practice of buying and using them of their own volition, are greatly to blame for the present inordinate use of the coal tar products.

When will this stop? Certainly not until medical journals and medical men shall cease to advertise, employ and recommend all secret and trade-marked pharmaceutical preparations.



## PYLORIC STENOSIS OF INFANCY.

Scudder and Quinby write on this subject (*Journal American Medical Association*, May 27, and June 3rd, '05.) and state that the condition is more common than is generally believed. It was first reported by Beardsley in 1788. Since then 115 cases have been recorded with 55 autopsies and 60 operations. The symptoms are found to depend on the degree of the stenosis and are as follows: Vomiting, constipation, a pyloric tumor, progressive wasting, visible gastric peristalsis and latterly a dilated stomach. Vomiting is the initial symptom and begins without apparent cause. Perhaps on the first day of life; perhaps after several days or weeks. In 52 cases the average time of its appearance was 17 days after birth.

It is forcible, very expulsive and obstructive and uninfluenced by the character of the food. Consequently unexplained, persistent vomiting in a very young infant should suggest the presence of pyloric stenosis.

As to the etiology of the lesion, no satisfactory explanation has yet been offered. The only treatment which these authors recommend is surgical, and they state, with good reason apparently, that the number of recoveries in the sixty operations recorded, 32 or 53.5 per cent. is remarkably good and is another triumph for modern surgery.

"Posterior gastro enterostomy, without a loop made as snug to the origin of the jejunum as possible" is recommended as the operation of choice.

That a technique improved by practice and an earlier and surer diagnosis will still further rob this hitherto practically hopeless condition of its terrors seems to be a reasonable presumption.

## MARRIED.

**Richard Weil, M. D.**, of New York to Miss Minnie Strauss, at Elberon, N. J., May 30th.

**E. Irving Cronk, M. D.**, city physician of New Brunswick, to Miss Mae E. Ellis, daughter of Mrs. Samuel Ellis, of Evanston, Ohio.

## OBITUARY.

**Benjamin W. McGalliard, M. D.**, a member of the Mercer County Medical Society, died at a sanitarium in Philadelphia on June 14th. He graduated at the University of Pennsylvania in 1889, and had practiced in Trenton for fifteen years. He belonged to the American Medical Association and was a visiting surgeon to St. Francis and Mercer Hospitals.

He had been obliged to relinquish his practice by reason of illness several months ago.

**Charles Frank Fisler, M. D.**, Jefferson College, Philadelphia, Pa., 1895, died at his home

in Clayton, N. J., from typhoid fever, June 21. He was vice-president of the Gloucester County Medical Society and a member of the American Medical Association.

## In Memoriam.

### J. WADSWORTH TERRY.

By John J. Haring, Tenafly.

**J. Wadsworth Terry, M. D.**, was born in New Haven, May 25, 1833. He was the third son of Alfred Terry. Major-General Alfred Terry, of Civil War fame, was an older brother.

His mother's maiden name was Clarissa Howe. His ancestry dates back to distinguished colonial families. His great-grandfather Wadsworth was the personal friend of George Washington, and at one time Commissary-General of the American army.

Dr. Terry obtained his preliminary education in the schools of his native city, receiving his medical diploma from the Yale Medical School in 1862. Almost immediately he entered the Union army, serving to the close of the war in the volunteer corps of surgeons. He rendered especially noteworthy service at the Battle of Gettysburg. Having a preference for the West, he declined the appointment of Surgeon-General of Connecticut, and spent some years in Louisville, Kentucky, and St. Paul, Minnesota. About 1876 he left the army, coming to Englewood, N. J., where he entered upon his first field of general practice. During the same year, he married Mrs. Josephine Wilder Dwight, widow of the Rev. Mr. Dwight, well and favorably known in the early history of Englewood.

His gentlemanly and courteous bearing and his professional ability soon won recognition, and during the thirty years following, he did his fair share of the medical and surgical practice of the village, attaching his patients to him by his thoughtful and skillful ministrations.

Dr. Terry was governed by high ideals of professional etiquette, manifesting a spirit well worthy of imitation by his professional brethren. Apart from his profession, he was a man of wide reading and intellectual culture. Of music, he was a lover and a connoisseur. Of him it may be safely said, that in his life and character he illustrated the qualities of a cultured, upright, Christian gentleman, and the term exemplary may with equal propriety be applied to him in the relations of husband, father, friend and citizen.

His death on April 10, 1905, occasioned a feeling of regret proportioned to the vacancy left in his home, his profession, and the community in which he had labored so long and faithfully. Many fragrant memories of him will remain in the various circles in which he moved.

He is survived by a widow and two daughters.

*The Bergen County Medical Society, of which he was a member, indorses the foregoing and desires its incorporation in the official records of The New Jersey Medical Society.*

**Dr. John T. Fritts**, of Plainfield, has been awarded \$8,000 damages for an injury received on the Erie Railroad.

The Health Board of Summit propose to fine anyone who spits in the street \$2.

## State Society Notes.

### IMPORTANT NOTICE.

*A committee consisting of Drs. Charles J. Kipp, Walter B. Johnson and D. C. English desire to announce that a competition for a prize essay has been instituted amongst the members of the State Society. Particulars will be given in our August issue. (Ed.)*

Attention is invited to the following notices. It should be a matter of pride to each member to accede promptly to these reasonable suggestions. (Ed.)

### THE NEW CHARTERS.

Recently new charters were prepared on parchment, handsomely engrossed and forwarded by express to each of the secretaries of the county medical societies. If any secretary has failed to receive the new charter, he should at once notify the recording secretary.

### ARE YOUR NAME AND ADDRESS CORRECT?

Accompanying this number will be found a list of the officers and members of the county medical societies. Great efforts have been made to compile this list accurately, but errors will occur in various ways and when once made are not easily detected. Let each member examine the list carefully. If there be any error in either his name or address let him promptly notify the recording secretary, Dr. W. J. Chandler, South Orange, N. J. Mistakes are less likely to occur when a name is written in full than when the initials only are given.

### AN ALPHABETICAL LIST

Of all the members is now being prepared by Dr. D. C. English. Every effort should be made to have it absolutely correct.

Every one is hereby enjoined to report at once any error in his name or address to Dr. D. C. English, P. O. Box 83, New Brunswick, N. J.

### PRESERVE YOUR JOURNALS.

Attention is called to the editorial on page 327 of the June number. The journals will be bound during the present month and all who wish to avail themselves of this opportunity must send in their journals at once. Missing numbers will be supplied by the committee on publication, as far as possible. Any inquiries regarding this matter can be addressed to William J. Chandler, Chairman.

## Hospital News.

An addition to the Memorial Hospital in Orange is to be built at a cost of \$50,000. Of this sum \$30,000 has already been subscribed. The new building will contain a maternity and children's ward and a new operating room.

The Muhlenberg Hospital in Plainfield is one of the best small hospitals in this country. It is an attractive brick building built in colonial style. It contains an operating room built by the gift of an enlightened donor, still living, who insisted that everything pertaining to it should be exactly according to the wishes of the attending surgeons.

Charles G. Roebling, head of the Roebling corporation in Trenton, has donated \$20,000 to St. Francis Hospital, the income of which is to be used annually toward the running expenses of the institution. The money is invested so as to net the hospital \$1,000 a year.

**Hospital Report.**—The report of Cooper Hospital, Camden, for May shows that 1,814 patients were cared for, or an average of 59 daily; 8 patients were admitted to the wards of the hospital; 411 new cases were treated in the dispensary, and 1,291 return visits were made.

**Funds for Hospitals.**—At the meeting May 21, \$4,236 was subscribed to the building fund of the Beth Israel Hospital, Newark.—The Board of Freeholders has appropriated \$5,000 to the Perth Amboy Hospital, and the same amount to the Wells Memorial Hospital, New Brunswick.—The annual fair for the benefit of the Memorial Hospital netted nearly \$10,000 for the beneficiary.

**Hospital Appointees.**—Atlantic City Hospital, Dr. Samuel Barbosh; Trenton Emergency Hospital, Dr. Howard W. Levensgood; Trenton State Hospital, Dr. Clarence J. Slack.—Drs. Fred Sonneborn, Philadelphia; John Glick, Wilkesbarre, and Edgar L. West, Hamilton Square, have been elected resident physicians at St. Francis' Hospital, Trenton.—Dr. Victor Mravlag has been appointed consulting surgeon, and Dr. Thomas E. Dolan, visiting surgeon, at Alexian Brothers' Hospital, Elizabeth.

**Opening of Sanitarium.**—The twenty-fifth annual opening of the sanitarium at Red Bank, for poor children, took place June 10.

**Hospital Opened.**—St. Elizabeth's Hospital, Elizabeth, which was dedicated May 29, was formally opened to receive patients the following day. The institution is non-sectarian and is intended primarily for women.

A meeting of the medical officers of American Institutes for Idiotic and Feeble Minded Persons was held at the training school in Vineland on June 2d. Dr. G. Hudson Makuen, of Philadelphia, read a paper. In the evening the association dined with Dr. Mary J. Dunlap, superintendent of the N. J. Institution for Feeble Minded Women.

The Board of Aldermen, of Paterson, have appropriated \$5,000 to build a tuberculosis pavilion and the work will be begun at once under the direction of the Board of Health.



A successful clinical night was held by the Essex County Medical Society at Jacoby's Hall, Newark, on June 6th. Drs. Waite, Dougherty and Husserl presented patients with the histories of their cases. Drs. William B. Noyes and Ellsworth Elliott, Jr., of New York, discussed these in an interesting way. A number of radiographs and specimens were shown.

### WHY THE PROFESSION HAS SO LITTLE INFLUENCE.

The real reason for the repeated failures to procure proper legislation is to be found with the individual medical man who evinces the greatest indifference to the welfare and elevation of his profession by staying out of his county and state medical societies.

Medical men as a rule cannot, or do not, appreciate the wisdom of the old fable of the man and the bundle of sticks, for he demonstrated the ease with which one was broken, and the impossibility of even bending the united bundle of the twelve. The individual medical man proves as breakable as any one of the sticks, and strange as it may seem, enjoys the process. We are too willing and ready to leave our varied interests to the care and custody of some one else, and then complain bitterly if they are not properly guarded. This statement applies particularly to lax and otherwise imperfect medical laws, when a quack appears in our midst and proceeds to collect fees which would otherwise find their way into our bank account.

Every reputable doctor in a county should not only maintain the honor and dignity of the profession, but should be an important factor in all local matters of a public character, even to the extent of engaging in politics, and so aid in shaping the destinies of his people as well as the interests of his profession.

Pursuing a policy of this kind will speedily open the way for the successful passage of any measure which this association may choose to adopt.—*The Virginia Medical Semi-Monthly*.

*Married men live longest*, not in accordance with the perennial minstrel joke "because it only seems longer," but by scientific proof. The mortality among bachelors from 30 to 45 years of age is 27 per cent.; while among married men of the same age it is 18 per cent. For 41 bachelors who attain the age of 40 years, there are 78 married men who reach the same age. The difference is still more striking in persons of advanced age. At 60 years of age there remain but 22 bachelors to 48 married men. At 70, 11 bachelors for 27 married men and at 80, 3 bachelors for 9 married men.—*Medical Times*.

Dr. Warren, Food Commissioner of Pennsylvania, from a thousand samples of whiskey collected from the state, says that ninety-five per cent. showed the presence of wood alcohol in poisonous quantities and India pepper (to give it "snap"). Some samples contained arsenic, turpentine and traces of prussic acid.

### SYNTHESIS OF ADRENALIN.

Reports from London state that much attention is being attracted by an article in the *Journal of Physiology* in which H. D. Dakin of the Lister Institute asserts that he has discovered a method of producing adrenalin from coal tar products.

### HONEST MEDICINES.

Our *Journal* is really only a very small factor in the game of "doctor, doctor—who's got the doctor," as played by the nostrum manufacturer; and so long as only ourselves called attention to the impropriety of his game, he did not much mind. But when the A. M. A. Trustees had been persuaded that something really had to be done, and the announcement was made of the Council on Pharmacy and Chemistry, formed with the object of differentiating honest medicines from those of questionable repute or out-and-out nostrums, then the situation was slightly altered; the attack could no longer be ignored. The original announcement concerning this Council was published in the April *Journal*; in May we had the pleasure of republishing some further matter on the subject, and also some things that showed how at least one of the large journals—the *New York Medical Journal*—disliked the idea of introducing decency into the conduct of a medical journal. Sufficient time has now elapsed to permit one to judge of the reception by the medical press of this country of the Council on Pharmacy and Chemistry; remember, this Council stands for the principle that *secrecy has no place in legitimate, decent, professional medicine*. Editorial opinions vary on this subject; but with very few exceptions both medical and pharmaceutical journals are either opposed to it—as in the case of the *New York Medical Journal*—or are sadly afraid that it cannot succeed in doing any good. We read of "editorial hysteria"; of "cold, calculating presumption" of the A. M. A.; of "the arrogance of ethics"; of "regret that the Association has been hastened in its formation by the cackle of some young and eager reformers" (meaning our *Journal*?); that this action of the A. M. A. "would strike, as it is intended to do, at the very root of the proprietary principle." And there you have the explanation. It is because this action of the Trustees of the A. M. A., in forming a council or body of experts who shall study and pass upon extra-pharmacopoeial medicaments will strike at the "root of the proprietary principle," that there arises a howl, such a loud, long, lingering, lamentation. The "root of the proprietary principle" is composed of two branches, *secrecy* and *fraud*. Should it not be struck at, and *hard*?—*California State Journal of Medicine*.

**Bogus Physician Goes to Prison.**—Maximilian Muller, who stole jewelry worth \$330 from a citizen of Newark by pretending to be a physician and taking his victim under treatment, pleaded guilty to larceny June 5, and was sentenced to imprisonment for five years.

**Dr. Sigmund Bundy**, of Jersey City, formerly of Newark, has been indicted for the murder of Miss Margaret Van Doren upon whom he is accused of having performed a criminal operation.

"A postmortem \* \* \* held on the body of Mrs. — \* \* \* showed that the large intestine from the stomach to the bowels was closed by a growth."—*Hartford City (Ind.) Daily Gazette*, Feb. 20, 1905.

*The old lady, Medicine*, can hardly be recognized any more, so young and healthy has she become under influence of the youthful spring of the natural sciences.—*Helmholtz*.



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## THE SURGICAL TREATMENT OF CHRONIC BRIGHT'S DISEASE.\*

By Alexander Marcy Jr., M. D.

*Second Vice-President, Medical Society of  
New Jersey.*

*Mr. President and Gentlemen, Fellow Mem-  
bers of the Medical Society of the State  
of New Jersey:*

While appreciating very much the generous thoughtfulness of our secretary, who introduced, and had carried the following resolution, "That the second vice-president be requested to prepare an essay to be read at the next annual meeting," I should have been just as well pleased if this honor had not been thrust upon me.

At first I felt rather flattered that the society had done me the honor; on second thought, however, I was struck by the words "prepare an essay." I was not quite sure of the meaning of that word "essay," but on looking the matter up in the Century Dictionary I saw very plainly what the hidden meaning was: "An experimental trial; a test; an endeavor," etc. Our foxy secretary wishes to try the metal, to assay (Old English) as it were, the second vice-president, and if he sizes up to the high standard already established he may be permitted to advance.

Gentlemen, I can only say that my endeavor has been an honest one, and I shall

\*Delivered at the 139th annual meeting of the Medical Society of New Jersey.

hope for your kind indulgence, when you are passing judgment on the brief paper which I have prepared.

The subject which I have chosen is an interesting one, and I am painfully conscious of my short-comings in trying to deal with it in a manner commensurate with its importance. I am approaching it, however, from the standpoint of the general practitioner. I am not intending to cover the large field of the treatment of nephritis, on the one hand, nor the lesions or diseases of the kidneys, which are amenable to surgical measures, on the other.

"The Surgical Treatment of Chronic Bright's Disease," is the caption of my paper, and I propose to stick closely to it. It is not my purpose to discuss decapsulation of the kidneys as applied to any other condition than the one mentioned in the title of this paper, although we might spend a great deal of time profitably in considering many phases of this operation, and the indications for its use.

At the beginning, I would like to say, I believe the terms Bright's disease, or Bright's diseases, very bad ones, and I think should be dropped entirely from our nomenclature. In 1827 when Dr. John Bright published his paper, "Report of Medical Cases," in Guy's Hospital Reports, he was the first to establish the coëxistence of albuminuria and dropsy with certain morbid conditions of the kidneys, and as this opened up a new field for investigation and study, it was but natural that these various inflammatory conditions should have been summed up under the general term of

Bright's disease. But in these days of scientific exactness, and with so thorough a knowledge of pathological conditions, it seems to me that we would better discard the name of Bright's disease entirely, and refer to the various inflammatory conditions of the kidneys in a way that will convey some idea at least of the actual type of the diseased conditions present. Following out this line of argument then, I should say the title of my paper would better be, "The Surgical Treatment of Chronic Nephritis," not attempting to differentiate between the parenchymatous and the interstitial varieties.

First of all, it may be well to take up the diagnosis of chronic nephritis, as this is not the easiest part of the problem. I am sure there are many men practicing medicine to-day who, if they find albumin present in a given specimen of urine, conclude at once that they are dealing with a serious or grave disease of the kidneys and inform the patient or his friends that he has Bright's disease. In fact, when I began to practice medicine, but a comparatively few years ago, I thought the finding of albumin in the urine was equivalent to the signing of a death certificate, and it is only a comparatively short time since we have become convinced that albumin as well as tube casts may exist in the urine in abundance and yet signify nothing of serious import. In fact, Dr. Cabot in a recent article in the *Journal of the American Medical Association* says, "That the attempt to estimate the anatomic condition of the kidney by the measurement of albumin and the search for casts is fallacious in the extreme." He also states his belief, that the most reliable data may be obtained by a study of the 24-hour quantity; the specific gravity and the color of the urine. Be this as it may, it is a fact that we have got to have a symptom complex established, of which albumin and casts in the urine are only a part, before we are warranted in saying that a given case is one of chronic nephritis. Chronic nephritis, be it parenchymatous, interstitial or diffuse, presupposes a one time simple hyperemia, then an acute inflammatory process and finally a chronic diseased condition, changing and altering the structure of the organ. Oft times the disease develops so slowly and insidiously that all the different phases have occurred without being suspected, and not infrequently a patient who has been referred to an oculist for failing vision is found to have albuminuric retinitis or

hemorrhages and to be in the terminal stage of a chronic nephritis.

The most prominent symptoms of chronic nephritis, as learned from a study of the urine, may be divided into three stages, according to Ogden.

*The first or early stage*, when the individual is capable of attending to business, and with the exception of headaches and frequent attacks of indigestion, enjoys a fair degree of health. There may not be any noticeable frequency of micturition at this time, although the patient will probably find it necessary to urinate once or twice during the night.

Character of the urine: quantity. This is a very important element in the diagnosis. It is moderately increased above the normal at this time, usually between 1500 and 2000 c. c. Frequently the quantity of urine passed at night exceeds that passed during the day.

Color, normal or slightly pale. Reaction, acid. Specific gravity, varying between 1010 and 1020. Coloring matters, all somewhat diminished except the indoxyl, which is generally increased.

Normal solids.—The absolute solids are somewhat diminished. The total quantity of urea eliminated will be about normal, although it may be higher than normal. The percentage of urea will be found about 1.5 per cent. Albumin may vary between a trace and the slightest possible trace. Sediment.—An occasional hyaline or finely granular cast. No excess of renal cells.

*Second or advanced stage.* The patient at this time usually finds it necessary to discontinue business, because of lack of strength, habitual headache, more or less marked gastric disturbance, and perhaps other more serious symptoms; in other words, the disease is at its height, and the patient requires almost constant attention. There is no sharp line of demarcation between the first and second stages. The progress from one to the other has been very gradual and you cannot tell where the one ended or the other began.

Character of the urine. Quantity—This gradually but steadily increases from 2000 to 3000 or 4000 c. c.; occasionally it may reach 6000 c. c. in twenty-four hours. Color—Pale, or almost colorless. Reaction—Faintly acid. Sp. Gr. This has fallen to 1010 or lower. Normal solids—Absolutely diminished. Urea relatively much diminished. Coloring matter—All diminished except the indoxyl, which may be normal or

increased. Albumin—This has increased and usually varies between a trace and one-eighth of one per cent.; it may reach one-fourth of one per cent. Sediment—This is much the same as in the early stage, except that the casts are more numerous and usually more granular. The renal cells quite granular and few in number.

*Third or late stage.* This is at a time when the disease has advanced to its terminal stage, and the patient is more or less uremic, suffering from intense headache, nausea, vomiting and often convulsions. General weakness is marked, dyspnoea, vertigo, disturbance of vision, etc. There is usually some oedema of the feet, due to an uncompensated heart.

Character of the urine. Quantity—This has diminished somewhat, 1200 to 1500 c. c. The quantity of urine passed at night being greater than that passed during the day. Color—Very pale. Reaction—Faintly acid. Specific gravity—Usually 1005 to 1010. Normal solids—Very much diminished. Albumin—A distinct trace, reaching as high at times as one-fourth of one per cent. Sediment—Consists of numerous hyaline, finely and coarsely granular, and a few waxy casts. Most of the renal cells will be found very granular.

"The increased quantity, the low specific gravity, slight albuminuria, hyaline and granular casts, hypertrophy of the left ventricle with accentuated second sound of heart are sufficient to establish a diagnosis, add to these, conditions of genuine weakness, slight swelling of the feet, frequent headaches, confused intellect, dyspeptic symptoms, nausea, vomiting, coma, convulsions," and the picture is complete.

Having established your diagnosis, let us hope early in the first stage, or surely during the second, what hope of cure can you hold out to the unfortunate victim of the disease. Up to the present time no method of medical treatment has been known to cure a case of chronic nephritis. In many cases the disease seems to have been arrested for the time being, and the symptoms wonderfully relieved. Many persons have lived for years in comparative comfort, as the result of judicious medical treatment, but they have not been cured. Does surgery offer any hope of cure in these cases? The results of cases treated by decapsulation would seem to answer the question in the affirmative.

Dr. G. M. Edebohls, of New York; Reginald Harrison, of London, and A. H. Fer-

guson, of Chicago, at about one and the same time accidentally discovered while operating upon kidneys for other troubles that some who were afflicted with chronic nephritis became very much better after the operation. This led them to a more careful investigation of the subject, and the results warranted their giving to the profession a new method of treating these heretofore hopelessly incurable cases.

The so-called Edebohls operation, or decapsulation of the kidney for chronic nephritis, is an established fact, and is a legitimate method of procedure in cases of this disease. The operation will not cure every case, and this is particularly true of cases subjected to operation as a last resort. At present it is looked upon by many as a method of treatment to be used only after all other measures have failed. This is certainly not giving the operation a fair chance to demonstrate what it can accomplish.

In cases of terminal nephritis, especially in those cases which are of the interstitial or diffuse variety, and which are accompanied by marked cardiovascular changes, or those cases which have progressed to the point where retinal changes have occurred, the so-called retinitis albuminurica, decapsulation is of little, if of any, value; but in properly selected cases, particularly in the early stage of the disease, the operation is not only justifiable but, I believe, it offers the greatest hope of curing the patient.

The question naturally arises then, how are you going to recognize the disease in the earlier stages, and give your patients the advantage of the operation. It can only be done by systematic, careful and frequent examination of the urine. This is a matter of education; your patients, the general public will have to be educated up to the point of having frequent and regular examinations of their urine made.

It is true that you occasionally have chronic nephritis occur, and the urine shows no albumin or casts; still every case of chronic nephritis will show some departure from the normal, if carefully looked for. It is also true that you may frequently find albumin and casts in abundance in the urine, and yet no organic changes have occurred in the kidneys. Such cases should be looked upon with suspicion, however, and should be very carefully watched. Frequent, careful and systematic examinations of the urine, with carefully kept records of the same will disclose the beginning of most if not all cases of nephritis.



If in a given case you find albumin or casts, or any other abnormality, you want to watch such a case carefully and place it under judicious and proper medical treatment. If it does not speedily improve under such treatment, resort to operation early, in order to give the patient every possible chance of recovery. I firmly believe that before another decade in medicine has gone by, that the surgical treatment of chronic nephritis will be the acknowledged method of dealing with such cases. I also believe that chronic nephritis will occur only when the patient, or the physician, or both, have failed to perform their full duty by neglecting to take advantage of the golden opportunity which presented itself, while the disease was still acute and curable.

I am indebted to Dr. Judson Daland, of Philadelphia, for the careful histories of the following cases, as well as for the urinalyses; all of which were made at his laboratory. I am also indebted to him for permission to report cases 1, 2 and 4. Case 1 is a typical chronic interstitial nephritis. Case 2, a doubtful interstitial nephritis, but a very suitable one for decapsulation. Cases 3 and 4 are such as are seldom benefited by operation.\*

The bibliography of this subject is so completed in Dr. Edebohls's book to August, 1904, that I have taken it up from that time only, and have gathered together such cases as my limited opportunities have permitted.

\*The four cases referred to in Dr. Marcy's paper have been reserved for subsequent publication.—(Ed.)

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## THE TRAINED NURSE AND THE DOCTOR.\*

### Their Mutual Relations and Responsibilities.

By Edward J. Ill, M. D., of Newark,  
Third Vice-President Medical Society of  
New Jersey.

There is probably no innovation in the practice of medicine during the past thirty years, save the adoption of aseptic surgery, which has so altered conditions and has been of such great value as the creation of the trained nurse. We owe her much, and many a practitioner would not care to practice medicine without her help. After years of careful attention to the training of nurses, and the observation of their subsequent work, the writer has come to some conclusions which he thought might be enlarged on by so able a body of men and women as these before him. By an exchange of opinion and the experience of his hearers he hopes to increase his own knowledge, for the benefit of those nurses whom he assists in their training. Anything which benefits the nurse in the sense of enhancing her efficiency must be of paramount interest to us and to those who trust their lives and bodily health in our hands. How far-reaching this assertion is can only be conjectured when we think how much the moral, physical and mental well-being of mankind depends on the endeavors of our profession.

\*Read at the 139th annual meeting of the Medical Society of New Jersey.

While the writer is no idealist, he believes that it is one of our duties to assist in the education of the people towards the making of the perfect man. In this endeavor every help should be cheerfully and thankfully accepted. The understanding, painstaking and conscientious nurse will be no mean factor in the work. But just as we educate her and just as we set an example so will she do her work. It will be wise to look for any fault in the nurse to ourselves first. In her education in the hospital she must find only models of neat, clean and conscientious doctors. She should learn, and I assure you quickly learn, to single out the black sheep among us. The proper start for her work depends on us. The high ideal that she should entertain depends on how we place her work before her. The commercial doctor has no place in a training school, nor is a training school for nurses, established in a commercial hospital, a fit institution for the education of women to so elevated and lofty a vocation. While the nurse, like ourselves, must earn her daily bread and butter by her mental and physical labors she must not be taught to have money uppermost in her mind. A nurse will soon learn, if her conscience is at all lax, to shirk duty everywhere, except where money is lavished freely. But much worse results. She will soon look upon the medical profession as she does upon the tradesmen, and will imitate the latter. Whenever the writer has seen such nurses it was found that they were in constant employ and society of the commercial doctor. Now and then a black sheep amongst any body of nurses would by precept and example infect the others.

The performance of duty by the practitioner must be perfect if we expect the same of the nurses. We cannot expect more of the nurse than of the doctor. A puerperal infection, placed at the door of the nurse when the doctor made his examination with unwashed hands, is a deplorable and frequent occurrence and does not tend to elevate the respect, which the nurse should hold us in. On the other hand, the non-occurrence of an infection under similar circumstances tends to depreciate the opinion which the nurse should have of good aseptic work and the teaching of the training school. Her education is not sufficient to discriminate why any unclean examination should not be followed by sepsis. But the worst man for the nurse is the one who derides certain well-known laws, possibly

for the sake of effect, or who, knowing the value of surgical cleanliness, for instance, discards it or uses it flippantly. When such a man is a teacher in a medical school his sins are the worse for it. To whom shall the nurse look for example and truth if it be not to him who teaches the coming generation of medical men. If such a man, teacher at a medical school as he is, looks to the gallery for his admirers, the nurse is sure to be amongst them, and her actions outside stamp her as of that class. We of the medical profession are much to blame for the faults found in the nurse. It must be our endeavor and even our duty to continue the education of the nurse after she leaves the hospital. We should encourage her to continue educating herself in her chosen profession. She should become a member of a nurses' society for the advancement of their education. She should visit the hospitals frequently and endeavor to be retained as an emergency nurse at such institutions. We should correct her shortcomings and encourage her good work. To do this the nurse should never be treated as an equal in the sick room. This is, however, no place for an overbearing manner, but for firmness and kindness. The correction of a fault or short-coming should be given outside of the sick room, lest we take from her that respect which is due her from the patient. The confidence of a patient in her nurse is as important as the confidence which should rest in the doctor. It is the writer's habit to discharge the nurse, once she has lost the confidence of her patient. While it often shows a lack of tact on the part of the nurse, it is more apt to be due to some peculiarity on the part of the patient and does not deter the writer from recommending the same nurse to the very next patient. Politeness toward a nurse is always proper and becoming in a gentleman. The sick room is not, however, the place for any levity or gallantry, no more than it is the place for praise or fault-finding with the nurse. Familiarity with the nurse can only be detrimental to the doctor in the eyes of the laity. Nor will such familiarity enhance the usefulness of the nurse. Probably the narrowest and most contemptible familiarity is that which has commercialism as its base. In other words, a hope or a request that the nurse may recommend patients. The writer knows of an instance where a petition was signed simply because the doctor feared to lose business. This is unworthy of a member of a high-minded



profession. Neither does it elevate us in the estimation of the nurse. The respect, in which the doctor is held in the community, is not enhanced by the reputation of having one or more pet nurses, nor is his usefulness augmented thereby. We engage the best we can get for our patients but should allow no one to entertain false notions. At times a nurse herself will promulgate such ideas. Only one thing is left to us under such circumstances: to speedily drop the nurse and refuse to have her look after our patients, no matter how useful she may be.

There are some things in the technique of nursing in which the nurse is our superior. We grant her that and give her credit for it. But beware of letting a nurse find us wanting in that where it is our duty to be her superior. If she is a bright woman at all she will quickly discover our shortcomings. In our obstetrical and surgical work she must never find our asepsis wanting. Her respect for us will increase as she notes our care in this regard. A conscientious, well-taught and thoroughly trained nurse has had the subject of asepsis so drilled into her that she will always detect any error on our part. Let us not deceive ourselves by thinking that she will not, or perhaps did not, notice our blunder. Rather let us admit our error voluntarily and explain that what she may have thought wrong in our technique was in reality not so. The nurse will respect us the more for such an action, and at the same time we are helping her.

Now that we have looked ourselves over and corrected our own shortcomings, what may we expect of the nurse. First let us remember that she is but human, that there is a limit to her physical endurance. Being a woman, she is more subject to physical weakness than men. Let us remember that she is always with the patient. The trying and odd-tempered condition of the sick and their capriciousness should be considered in our criticism of the nurse. In contending with the whimsical sick it is the nurse with tact and circumspection who will do her best work. A nervous, depressed patient needs a cheerful nurse with a cheerful disposition. One who still has a hope in life to look forward to. This does not mean a talkative one. Let it be far from the writer to deride religious consolation, but in his opinion it belongs as little to the nurse as it does to the doctor. It belongs to that profession that we all respect so highly. The

best all-around nurse is the good observer, the quick-witted, conscientious and resourceful woman. No amount of training will supplant these good traits. Let her be neat and tidy, but not showy. There is no more room for the coquettish nurse in the sick chamber than there is for a dudish doctor. Let her be quick in her action, but not boisterous. Let her be gentle, but not fastidious. The writer has no use for the nurse who upsets a household and acts like an autocrat. While the nurse should always be made responsible for the sick room and everything in that room should be subject to her command, it should be done in such a way that no fault can be found. He furthermore has no use for one who does not know how to carry out directions to the letter. To do this with dignity, firmness and kindness is her duty. Let us be careful in giving our directions to the nurse, so that they are thoroughly understood; otherwise the blame we may be inclined to put on the nurse, if a mistake is made, belongs really to ourselves. A physician who will carefully write his directions will be the one who will have them carried out. The nurse who prescribes for a patient, except in case of extreme emergency, should be sharply reprimanded or her services dispensed with. We should also discountenance any suggestion on part of the nurse, that "Dr. B. prescribed this or Mrs. C. took that (it did so much good)." That valuable and abused instrument, the hypodermic syringe, is no toy for the nurse, and the one who uses it to administer morphine on her own responsibility should be promptly discharged. What is not proper nor good ethics for us is not good ethics for the nurse. She should be cautioned against giving certificates recommending patients or proprietary medicines. Beware of the nurse who makes herself unduly familiar with her patient or is of a frivolous character. Beware especially of the nurse who talks with disrespect of other doctors and nurses, or who is constantly interfering with the conversation between yourself and the patient. Beware of the gossiping variety. The worst of all, however, is the one who falsifies her reports. The writer is glad to say that he has had fault to find with but few nurses in this respect. As a rule they are painstaking, gentle and conscientious workers. He owes them and their efforts much. Whatever success the writer has achieved in his work, the nurse always came in for her full share of honor.



## MODERN NEUROLOGY.

The Oration on Medicine Delivered before  
the Medical Society of New Jersey at  
the 139th Annual Meeting.By Richard Cole Newton, M. D., of Mont-  
clair, N. J.

Neurology, which is perhaps the most interesting branch of special medicine, has received an enormous amount of attention during the last three or four decades. The amount of work which has been accomplished in this field renders anything but a cursory review of the subject in one address impracticable. My excuse for having chosen it for the subject of this oration must be found in its great inherent interest and the prospect that in its further study we are drawing nearer to the solution of many questions of paramount importance bearing upon human life and development. There is reason to believe that if ever neurology is completely understood an entirely new classification of diseases will be adopted and a new system of therapeutics may become necessary.

To the immortal Cullen belongs the credit of turning men's minds from the study of the fluids of the body, the so-called humoral pathology, to that of the nervous system. Up to his time little thought appears to have been given to the nerves and their functions were unknown. After Cullen's doctrine had been promulgated that they are all important an effort was made to study them with some care. Of their minute anatomy nothing definite appears to have been known until the middle of the last century. In 1833 Ehrenberg described the nerves as capillary tubes. In 1838 and 1840, stimulated by the published discoveries of Schlieden and Schwann, anatomists turned their attention to these structures and, according to Barker, began ransacking the body in all directions, searching for "cells." From that time to the present a vast number of students have built upon the foundation already laid, to which Virchow's great doctrine of cellular pathology had of course contributed, a structure, which is one of the greatest of human achievements and represents an amount of devoted, painstaking, scientific research, which almost surpasses belief. This structure is modern neurology. Slowly, almost painfully, have many errors and

false deductions been swept away. Gradually has the structure been reared until now we may look upon it not, it is true, as yet complete, but so far advanced as to be of the utmost use to the clinician and to promise incalculable advance in the future.

Occasionally throughout the history of medicine we may observe excellent descriptions of nervous diseases; as for instance, Sydenham's classical description of chorea, published in 1660, which, from a clinical standpoint has never been improved upon. Willis, so well known as the great anatomist who gave his name to the "circle of Willis," described a disease which is now recognized as myasthenia gravis, in 1685. Parkinson's disease was described in 1817; Landry's paralysis in 1849; a discovery which has made the name of Sir Charles Bell famous, of the fundamental fact that the posterior spinal nerves convey sensory and the anterior motor impulses was first announced in 1811. Marshall Hall's discovery of the reflex phenomena was given to the world in 1833. These two great discoveries, Boas tells us, stimulated powerfully the study of the physiology and pathology of the nervous system and must be considered to have been as important to the development of our knowledge of nervous activity as were the teachings of Harvey to that of the circulation and bodily growth.

From Hall's time to our own the science of neurology has advanced, not by uniform strides, but in periods of great activity followed by intervals of quiescence. Just at the present time we seem to be in one of these latter named intervals. Little that is strikingly new has recently been brought forward. There is no need, however, to share in the gloomy feelings of some modern writers. There has been steady and substantial advance in neurology in these last twelve months as a brief review of the literature will demonstrate. Especially might we take note of the fact that special diseases have been more exhaustively studied than formerly and more attention has been given to both anatomical and physiological minutiae than ever before. There has also been shown a disposition to enquire more closely into many of the teachings of the science which have up to this time been accepted as truths without perhaps sufficient proof. This, instead of betokening a retrograde movement in neurology, indicates a condition of healthy growth and should be looked upon as a matter for congratulation rather than otherwise. That some confusion has re-

sulted has perhaps been unavoidable, but that the outcome will be for good can scarcely be doubted.

With your permission I will give a short resume of the more striking features of the literature of the past year, and feel sure that this will tend to convince you of the truth of the assertion just made that excellent progress has marked the neurological work of the year. Myasthenia gravis, although apparently described by Willis, as we have said, over two hundred years ago, had no place in modern nosology and no distinct name until four or five years ago; but was supposed to be a form of hysteria. Harris has reported 32 cases of this disease carefully studied in life and brought to autopsy. No definite and constant lesions are described of the nervous system, but we are told that the condition depends upon the persistence of the thymus gland, which is found in a diseased state.

Buzzard has described an organism which he calls *micrococcus spinalis*, on account of its predilection for the spinal dura. This organism, he alleges, is the cause of Landry's paralysis. In one case of the disease cultures of the cerebro-spinal fluid were found to be sterile and therefore lumbar puncture in such cases would probably be negative.

In family spastic and spinal paralysis two cases were observed by Struempel in which there was symmetrical degeneration of the pyramidal tracts traceable upwards as far as the medulla. There is no mental impairment in this form of Little's disease. The symptoms of spasticity date from birth and depend upon non-development of the pyramidal tracts.

Raymond considers that there is no line of demarcation separating the types of progressive muscular atrophy; but that the various types, differing from one another in their clinical aspect and their etiology, yet depend upon the same pathological basis; a primary degeneration, chronic or progressive, of the lower motor neuron or of its annexe, the muscular fiber.

Tabes is acknowledged to be a disease of protean aspect in its earlier stages, and its first symptoms may be easily mistaken for gastric disorders, rheumatism, &c. Gastric and visceral crises are frequently distressing, while the knee jerks and other deep reflexes are still undiminished and ataxy and leg pains have not yet appeared. Two cases are recorded in which laparotomies were done in men of thirty-five. One for sup-

posed appendicitis, and the other for alleged cancer of the stomach. The abdominal organs were found to be normal. The knee jerks were brisk in both cases, and there was no ataxy. The clue to the correct diagnosis was furnished by the presence of the Argyll-Robertson pupil. (In one case, however, it was present in one eye only.) In other cases of this disease, optic atrophy or Charcot's disease of a joint or joints or the spontaneous fracture of a long bone or a perforating ulcer may precede the shooting pains or the appearance of the Argyll-Robertson pupil. In doubtful cases lumbar puncture may help in deciding the diagnosis by demonstrating the presence of lymphocytosis in the spinal fluid, as this is alleged to be present only in syphilitic and tubercular disease of the meninges or cord.

As to the etiology of tabes, Erb makes a strong argument in favor of his theory that syphilis is the only cause. He says that vague nervous symptoms in a man between thirty and forty with a syphilitic history suggest the possibility of commencing tabes or general paralysis, and if the Argyll-Robertson pupil or analgesia of the legs or trunk or trouble with the sphincters supervene, the possibility becomes a probability. If at this period energetic mercurial treatment be carried out before the nerve fibres in the posterior roots are permanently destroyed the chances of arresting the progress of the disease or even of curing it altogether are so much the greater.

Lesser reports a series of observations to determine: (1) What percentage of syphilitics dying after the age of thirty-five show anatomical evidences of syphilis. In 96 cases of tabes 28 per cent. showed unmistakable evidence of syphilis after death, while only 9.5 per cent. of syphilitics dying after 35 showed definite specific lesions on autopsy, which must mean that syphilis and tabes are so closely allied etiologically that the fact can no longer be controverted. Lesser describes the interstitial inflammatory stage of syphilis, or quartan syphilis, as he calls it, as illustrated by post-mortem findings, such as fibrous orchitis, syphilitically lobed liver, aneurism and smooth atrophy of the tongue and which show so many of the pathological characteristics present in the cord of tabetics, that the conclusion is unavoidable that the two processes are of the same or similar character. In the discussion of this paper Mendel, Bender, Hansemann, Rothmann and others participated and in the main agreed with the con-



clusions of the author as well as with those of Erb. Tabes was shown by Nonne and Williamson to be present in the young, even in infants, and to be associated with hereditary syphilis. Gordon and Hegelstamm relate similar cases, that of the former being highly complex in that symptoms of an early poliomyelitis were present. The paper of the latter deals also with dementia paralytica, the close association of this disease with tabes now being generally acknowledged.

Erb has published the results of a study of 400 cases of locomotor ataxia belonging to the educated classes. Of these 88 per cent. gave positive evidence of syphilis; and of the remainder only 3 per cent. gave absolutely no history of a previous syphilitic infection. He goes at some length into the question of the prevalence of tabes in Bosnia, Herzegovina and Abyssinia, where syphilis is known to be common and where the existence of tabes has been denied. He shows that in the latter country there are four times as many tabetics in a hundred cases of nervous disease as in Vienna, and that the statistics relating to the prevalence of tabes in these countries have been inaccurate. That syphilis is a frequent cause of dementia paralytica must also be acknowledged and that posterior sclerosis exists in 10 per cent. of the cases of this disease. After reading these arguments it seems impossible to deny the soundness of their conclusion. The practical lesson stares us in the face that the two principal causes of the most serious and intractable nervous diseases are syphilis and alcohol. This is one of the great truths which modern neurology with its more exact methods and more experimental and analytical style of investigation has impressed upon the student.

Meyerstein describes a case of so-called myasthenia gravis, of which we have already spoken, in which the usual myasthenic symptoms were combined with those of Basedow's disease. That the former disease depends upon some process in the body which produces the symptoms of extreme fatigue must be acknowledged. This brings it into relation with pregnancy and other conditions in which there is a certain degree of toxæmia, and in this connection the occurrence of the symptoms of myasthenia in Basedow's disease is of interest.

Two notable papers on epilepsy have appeared during the past year. One by Starr is based upon the study of 2,000 cases. The

other by Clark and Prout attempts to prove by a study of the anatomical changes found in cases, dying in status epilepticus, that the disease is one in which there is a pathological condition sufficient to account for the symptoms. Starr discusses the functional character of epilepsy and presents the following considerations: (1) Jacksonian epilepsy is always due to some disease of the cortex. A sharp line cannot be drawn, however, between this form of the disease and so-called idiopathic epilepsy. (2) In 400 cases of maldevelopment of the brain 39 per cent. were epileptic. (3) Alcoholism, heredity, tuberculosis and trauma were found to be in etiological relation to the disease. All of these factors may produce definite cerebral lesions. (4) Although pathologists have not as yet agreed as to the exact interpretation of the changes found in epileptic brains, all of these alterations of tissue are significant of the fact that organic processes do exist and can be found in a fair proportion of all epileptic brains examined after death.

From these facts Starr concludes that the disease is a disorder of the control over inherent energy. It occurs in weak and defective brains and any lesion whatever is capable in these cases of interfering with the mechanism of control and of giving rise to epilepsy.

Clark and Prout conclude that (1) Epilepsy is essentially a sensory phenomenon, as the cells of the second and third cortical layer of the cerebrum are especially affected. (2) The essential lesion of the disease pertains to the nuclei of certain of the cortical cells and will eventually destroy the cell. (3) The chromatolysis present is a nutritional change brought about by the nuclear toxemia. (4) The role of the leucocytes present in the cortex after severe epileptic explosions is most probably phagocytic. (5) The neuroglia overgrowth in epilepsy is one of the remote sequences and is probably due to toxic irritation.

Dana has written interestingly of neurasthenia, which he regards not as a definite diseased condition, but as an expression of various psychical states of an elementary character. If these are carefully analyzed it will be found that what remains of neurasthenia as a nosological entity is a comparatively small number of true fatigue neuroses. The bulk of the cases yclept neurasthenia are, according to Dana, the early stages of paranoia, dementia præcox and various psychical disturbances which may never pass beyond the stage of comparatively



slight alterations in the patient's mental health. This paper opens a wide field for future research, and especially shows the need for greater exactness in the study and definition of a large number of cases now lumped together in a confusing way as neurasthenia. A term far too loosely applied to so-called functional neuroses.

Schwab, whose masterly review of neurology for the past year has furnished much of the material that I am using, protests against the prevailing fashion of recording only the surgical history of cases of brain tumor that have been submitted to operation, and not furnishing an account of the subsequent history of these cases, stating that the remote consequences of operation in such cases and the history of the reaction of the patient to the tumor process and the efforts made to remove it are the matters of the greatest interest to the neurologist. He adds that cerebral localization is not now the difficult problem that it used to be and has become easier since the surgeon has consented to do the large flap operation.

Noteworthy papers have appeared on cerebellar localization and the cortical function with regard to the subdivision of the aphasias by Mills. The effort becomes constantly more successful to distinguish cerebellar tumors from other lesions and to determine their exact location. Mills lays emphasis on the symptom of muscular weakness in cerebellar growths. Fraenkel and Hunt have demonstrated a variety of brain tumors which have not hitherto been adequately recognized. These are the so-called acoustic neuromata involving the acoustic and facial nerves. They are generally peripheral in origin and multiple and are neurofibromatoses. They are generally located in the cerebellar pontine angle and are therefore within reach of surgical interference.

Nonne writes of a class of cases which have always eluded a satisfactory explanation. These are cases which show every symptom of cerebral tumor including optic neuritis and which in a year or two go on to a complete recovery, even of the optic neuritis. To this class belong also the cases in which after a careful localization an operation is done and no tumor is found. The patient may, however, completely recover from his symptoms and the cure is attributed to relief of pressure. In some of the cases subsequent post-mortem examinations have been negative. Nonne does not believe that such cases are due to an acute idiopathic

hydrocephalus, but can offer no theory as to their etiology.

Cushing insists upon the immediate operation for cerebral tumors and objects to the exhibition of anti-luetic remedies in these cases as time is thereby wasted and no return of function can be anticipated if the pressure symptoms have gone far enough to produce atrophy of the nervous elements.

Phalens's paper on the use of the X-rays to give a more exact localization of brain tumors is interesting. Thirty cases are given in which this help was used for a diagnosis and the conclusion is reached that most large lesions can be shown by it; but no operation should be undertaken on this evidence alone. A number of papers on hysteria have appeared, most of them dealing with unusual clinical manifestations of the disease without any attempt to study its pathology. A new symptom complex called the Ganser symptom has been described. This syndrome is mostly confined to hysteria, but it is present also in the psychoses. The principal symptom is essentially the ridiculous answers made by patients to questions which they obviously understand and are apparently able to answer correctly. Never under any circumstances is the correct answer given. This together with a peculiar condition of stupor (*dammerzustande*) makes up the syndrome. Hey brings out for the first time distinctly the forensic importance of the condition which may be present in dementia paralytica and epilepsy as well as in hysteria. The distinction of this symptom complex from malingering is obviously important. No adequate explanation of it has yet appeared.

The Korsakoff syndrome, which was first described in 1887 and which consists of a multiple neuritis combined with a psychosis as *e. g.* a mild delirium, has recently been modified so that it is said that the psychosis may be present without the neuritis. If this is correct the definition as enunciated by Korsakoff falls to the ground. A most creditable paper on fecal vomiting and reversed peristalsis has been presented by Weber. He mentions a case in which a number of laparotomies were done under the impression that the patient was suffering from obstruction of the bowels by reason of the persistent fecal vomiting. The abdominal organs were, however, found in a normal condition. Some of his conclusions are as follows:

"Functional nervous vomiting is as much a symptom of functional brain disease as the vomiting in brain tumor is a symptom

of organic disease. (2) Fecal vomiting is only an exaggeration of ordinary hysterical vomiting. (3) That the vomiting in functional disease may be more violent and severe than it ever is in organic disease, since fecal vomiting never, or scarcely ever, occurs in brain tumor. (4) Active (reverse) peristalsis is necessary before fecal vomiting can occur. (5) In organic obstructive disease of the intestines the vomitus is never fecal but feculent."

Weir Mitchell and Spiller report a case of hysteria in the male which lasted thirty years. The post-mortem examination, which included a comparative study of the central nervous system, revealed nothing abnormal.

Frankel says that there is a wealth of fundamental questions in neurology awaiting investigation. Chemo-pathology, which seems especially adapted for the elucidation of many of these questions with a promise of better therapeutics is now well established. Especially interesting is the study of the physiology of the ductless glands and its connection with various nervous phenomena. He adds that all students of neurology are thoroughly dissatisfied with the ordinary interpretation of the so-called "functional conditions." Visceral or vegetative phenomena accompany more or less prominently organic diseases of the nervous system and constitute the chief physiognomy of all functional states and functional symptom-complexes. Trophic, vaso-motor and secretory disturbances of the skin, changes in the trophism of the joints and viscera, disturbances of the physiologic rhythm of the vaso, and visceromotor innervation and perversions of visceral sensation are often seen at the bedside and are not sufficiently appreciated. The innervation of the ductless glands has aroused considerable attention. It appears to be established that the neural tissue in the medullary portion of the supra-renal glands has migrated into them and was not developed from the original glandular "anlage." What the relation really is between the parathyroids, islands of Langerhans and the paracells of other ductless glands and the mechanism by which these glands are innervated is still questionable. The histological relations of the so-called epithelial bodies and chromaffin bodies have not yet been determined. There is ground for believing that they are closely related to neural tissue. The particular histology of the cerebral blood vessels and their innervation has an intimate bearing on physiology and pathology.

The students of splanchnic-physiology are still discussing the neural or myogenic origin of rhythmic motion. So far the weight of evidence favors the neurogenic origin. Carus concludes from certain experiments that "it can now be stated that in the limulus (crab) the origin of the heart beat is nervous not muscular and that the condition of the impulse or the coördination of the different parts of the heart takes place through the nerves and not through the muscular tissue."

Parlow's epochal contributions to the physiology of the digestive functions present points of great interest. Some of his conclusions are as follows: The sensory, the motor and the secretory elements of the digestive process are under extensive nervous control. (2) The peripheral end organs of the digestive apparatus have specificity analogous to the specificity of the special senses; as for instance, the secretion of saliva from the submaxillary glands is incited by a variety of stimuli, that from the parotid gland only occurs when the stimulation is exerted by small and dry particles. (3) A series of ingeniously devised experiments suggests a better understanding of the frequently discussed but poorly understood influence of the psyche upon the soma.

In Langley's investigations the value of the interrelation of the alkaloids and the nervous system is well shown. It is known that different individuals react differently to various alkaloids in the same way that they react differently to bacterial invasions. The susceptibility of different individuals to the virulence of organized and unorganized poisons also presents marked variations and habituation to these poisons produces similar immunity. Another evidence of their similarity or even identity. Fraenkel's presidential address before the New York Neurological Society, last February, from which I have been freely quoting, offers many other interesting suggestions. Edinger offers a strong protest against the prevailing tendency to ascribe the etiology of organic nervous diseases to the action of toxins and prefers to attribute them to fatigue from overuse, showing that under certain conditions work may be the sole factor in the destruction of nerve tracts.

There has been an effort made of late to revise our conception of the term dementia præcox and to more carefully differentiate the somewhat heterogeneous assortment of cases classed under this label. The term is



open to criticism in that by the definition dementia means an incurable progressive psychosis, while a certain per cent. of the patients afflicted with so-called dementia præcox recover. Although it is claimed by some that the alleged recoveries are only intermissions of longer or shorter duration. Many of the cases are of mixed type and should really fall under some other category, such as paranoia, melancholia or insanity of the manic-depressive type. Again the disease does not always appear in early life, but may come on in middle or advanced age. Although it is claimed by good observers that in such cases there has been a manifestation of the disease in early life, perhaps in childhood.

We have been hearing a good deal about "splanchnic neurasthenia" of late. This condition is said to come from an habitual engorgement of the portal system and to be due to a faulty bodily carriage and to non-development of the lower part of the chest and upper abdominal walls. At all events deep breathing and graduated abdominal exercises with application of the electrical current have proved curative. Whether these measures have been so beneficial from their local effect alone or because they have improved the general metabolism may well be questioned.

This somewhat fragmentary review of an extended subject is not intended to cover the ground, but merely to emphasize the more salient points which the literature of the year affords to reinforce the statement, previously made, that the students of neurology have not relaxed their efforts during the past twelve months and that while some seem to be pessimistic about the future of this specialty, there is no reason to be discouraged in regard to it.

The consideration of the neuron theory need not take a great deal of our time, because not much that is really new has been published during the past year in regard to it. Probably the most important discovery is that of Cajal, which is a new technique in the staining of nerve fibers, by which not only the filaments can be shown, but also the neuro-fibrillae and the endo-cellular network. As might have been expected the announcement of a new and simple method of staining has aroused amongst the foremost investigators a fresh impetus in the study of the problems of neuro-anatomy and a desire to examine afresh the data upon which the neuron theory is based.

In consequence a large number of papers

have been contributed by men of the highest rank in pathology and neurology. Marinesco finds in the results obtained by the use of the new stain not only a fresh proof of the truth of the neuron theory, as originally conceived, but in addition a satisfactory explanation of the autogenetic regeneration of the nerves. The explanation of this phenomenon has always been one of the chief points upon which the opponents of the neuron theory have relied for its refutation. Marinesco has used the stain in studying not alone normal nervous anatomy, but also in experimental and pathological work. Lehossek describes the method in detail and asserts that it supports rather than weakens the neuron concept and the contact hypothesis of nerve connection. Durante dilates upon the main weakness of the theory of the neuron as a cellular entity and says that the theory was formulated at a time when histology was in a rudimentary stage. At that time it was a useful hypothesis and served to explain some complex points in the topography of the central nervous system. The unicellular conception of the nervous system must, he thinks, give way to the newer facts which progress has brought to light. A polycellular conception conforms more nearly to the ideas at present in vogue. Bethe suggests that the term neuron be retained merely as a teaching scheme for the axis cylinder, ganglion cell, dendrites and nothing more, and that this term should not signify the structural characteristics of the nervous system as a whole. Van Gehuchten, after reviewing the literature, including Waldyer's original paper enunciating this great doctrine, concludes that the latter falls to the ground before the investigations of Bethe and is further rendered untenable by the fact of the auto-regeneration of the peripheral nerves. Kolliker makes a forcible plea for the neuron concept with these main propositions: (1) Nerve fibers spring from the nerve cells of the central organ which spread out in protoplasmic branches without connection with other cells. (2) By Cajal's latest method it is demonstrated that the axis cylinder ends by free branches about other cells. (3) The neuron theory is correct.

It is now over ten years since the neuron concept was promulgated, and in spite of the attacks of able and painstaking enemies it is generally accepted at this writing. It is, in brief, as has been so frequently said, that the entire nerve is a single cell consisting of cell body, axone and dendrites and



that there is no direct connection between two nerve elements or neurons. Even if it be admitted that there may be direct intercommunication the whole concept does not necessarily fall to the ground. Collins thinks that the concept of the individuality and discontinuity of the neuron should not be too strictly held and quotes Verworn, who says "contact anastomosis through fibrillae or concrecences does not change the neuron theory any more than intercellular bridges change the cell theory." Held assumes that embryologically the units are anatomically distinct, but that in later development there is a fusion without structural blending. Collins believes that it must be conceded that ontogenetically neurons become more intimately united in series and that such intimacy is structurally heightened by use.

Bethe suggests that the neuron theory be given up and that we conceive of the entire nervous system as made up of a large number of cell societies which are brought into functional relationship by means of the neuro-fibrillae. One may call such a society a neuron. A ganglion cell being its morphological center of gravity, but not its trophic or functional center. A cell society may consist of few or many cells. In addition there would be other cell societies which lack these morphological centers, as for instance, the intra-central fibers; the existence of which Bethe seems to be as certain of as is Nissl. Other cell societies (muscle, gland, reception cells, &c.), are functional and in trophic relationship with the nerve cell societies. This relationship is founded on the fact that the entire animal is an organism and the cells, which constitute it, are not complete and independent organisms. This postulate is at variance with a strict interpretation of the limits of the cellular pathology. But the writer agrees with Collins in pronouncing it "very rational." In short its opposite appears to me irrational. Collins believes that if it can be maintained that the neuron cell unit is made up of several cells this will prove a valuable hypothesis. We may have to modify quite probably some of the teachings of the neuron doctrine; but so far nothing has been advanced with which a proper conception of this doctrine may not be made to harmonize.

Neurology may be said to be at the parting of the ways. The science has been developed to the point where it can be seen that its relations to the other branches of

medical practice must be more closely studied. It has been debated whether its future lot should be cast in with psychiatry or with internal medicine. Practically such a division of labor in the development of this specialty will not be feasible. In truth there is no such thing as a "pure specialty" in medical practice. Each branch of the great field of our art is so dependent upon the others that no specialist can neglect a knowledge of general medicine any more than a shipmaster can devote himself to a consideration of the rigging of his vessel and neglect entirely the study of navigation. The nervous system is of such inestimable importance in the human economy that the study of its anatomy is not enough. Its physiologic and dynamic action must also be studied, both in normal and abnormal states. And this study can not be successfully prosecuted without infringing upon the domain of both psychiatry and internal medicine.

Putnam, in an address delivered at St. Louis last September, advances the claims of the value of the physiological principle in the study of neurology. He says that such a study as this can not be adequately made without a thorough use of physiological methods or of clinical methods. By physiological methods is meant all means of research which throw light upon the mechanism of the vital process. No anatomical studies can reveal the secret of broken co-ordination. Yet it is just here that a large number of pathological processes have their origin. No anatomical research can measure the margin of resistance to strain; and yet in the estimation of this margin lie questions of the greatest importance to the welfare of the individual patient. Not only is it necessary that clinical medicine should be studied in the light of physiology, but the field of morbid psychology, which now lies untilld save by a few pioneers, is of the greatest practical importance. The reason usually advanced for the disregard of physiological and psychological data in the study of neurology is the insufficiency of our means for their interpretation and verification. But this should not deter us from making the attempt to make use of these facts, for the same uncertainty attends the employment of anatomical methods of study whenever we try to use them for probing the essential problems of disease and life. An unfortunate result of the too rigid adherence to the anatomical method has been the introduction into medical writing and into medical thought of such loose and ill-de-

fined terms as functional and organic. Terms which are unscientific and misleading albeit at present apparently unavoidable.

In the treatment of all diseases our duty is by no means fully done when we have ascertained as nearly as possible the causes remote and immediate, which underlie the condition of the interruption of relative health. We must take an account of stock and form the best estimate possible of the patient's remaining powers and how these may be best preserved and enhanced. We must train him to make the best of the present situation and our means of doing this are to be classed under the name of education. Especially is this true of nervous disease. Wonders have been accomplished in this direction already and the field is as yet only partially explored. Thus we can best relieve present suffering and can teach the sick man how best to bear the ills which he now has and avoid many of their consequences. This will require a thorough acquaintance with all the problems of hygiene and nutrition on our part and an ability to teach them to our patients. The physician who has the acumen to recognize that, however poor the material with which he has to work, there is always some benefit to be gained if not in the direction of relief, then in that of compensation, such a physician can make himself of infinite service to the community in which he lives and works. "Some of the most successful laborers in this direction are not only the scientific workers, but those who have shown what can be accomplished by education and training." Putnam adds: "I have in mind especially those who have shown that a tabetic ataxia can be relieved, the sufferers from obsessions and morbid fears restored to their place in society, the vacant lives of imbeciles and demented made more full and new promise given to the efforts for the reform of the waifs and wards of our great cities. These results offer indisputable evidence of the value of the physiological principle in the management of disease."

I have borrowed largely from Professor Putnam's admirable address because it is pregnant with truth and because of its hopeful tone. The accomplished neurologist of to-day is far in advance of his fellows as an hygienist because the exigencies of his calling have forced him to turn from useless drugs to physiological methods. That the results have been unexpectedly brilliant is a most hopeful sign for the future and can but lead to greater things.

Never before has medicine been so thoroughly studied or so scientifically practiced as to-day. And never before has such a thorough and complete equipment been demanded of its votaries as now. The physician of the future will require an amount of erudition little dreamed of a few decades ago. As some one has said, when we graduate in medicine our studies have just begun. If this is true of medicine generally it is much more true of its greatest specialty. We owe a debt of gratitude to the noble army of workers in this field which we and the whole world can never repay, but which it is our duty and privilege to publicly acknowledge. While neurology offers great opportunities to the charlatan it also opens before the honest student and lover of his race a field of effort, the extent and diversity of which my feeble words are not capable of portraying. But we all can profit by the contemplation of their devotion and take courage when we review their successes.

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### SURGICAL DIAGNOSIS.

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By Frank D. Gray, M. D., Jersey City, N. J.

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#### The Oration on Surgery Delivered before the Medical Society of New Jersey at Its 139th Annual Meeting.

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*Mr. President and Members of the Medical Society of New Jersey and Guests:*

As my subject is one on which elaborate works have been written, I do not expect to entertain you with new or novel diagnostic procedures. In fact, the details of surgical diagnosis must necessarily be omitted from a twenty minutes' address; neither shall I waste time with dull if not "deadly parallels" of differential diagnosis. My purpose will be fulfilled if I arouse in some of my hearers fresh interest in classifying conditions amenable to surgical treatment; if I fix their attention on the importance, not merely of diagnostic or pathognomonic signs and symptoms, but of general principles and definite methods, essential to any uniformity of success in diagnosis.

We recognize the two objectives of surgery to be correct diagnosis of surgical conditions and lesions and their successful operative treatment. There is danger of our losing sight of the importance of the



former through the glamor and theatric surroundings of the latter.

Perhaps nothing reminds us more forcibly of our opportunities and obligations as surgical diagnosticians than a consideration of the possibilities of diagnosis to-day, as compared with those of two or three decades ago. These possibilities relate chiefly to the surgical conditions found in the three great cavities of the human body—cranium (with its accessory sinuses), thorax and abdomen. With the way paved by the discovery of anesthesia, antisepsis, followed by asepsis, new mechanical aids to diagnosis, and improved operative technique, have within the past quarter of a century illuminated the “darker Africa” of *internal* surgical lesions; transferred not a few of the pathologic conditions therein from the realm of medicine to surgery, and rescued others from the list of hopeless cases. This constitutes the essential advance of modern surgery. The older school of surgeons was almost as familiar with what may be termed *external* surgical pathology and diagnosis as we are to-day, but those whose professional experience reaches back to the early eighties will remember the dawn of light on surgical lesions of the lower abdominal zone and how, within the past fifteen years, such men as Mayo Robson, Mikulicz, Kehr, W. J. Mayo, Murphy and others have discovered the more intricate pathologies of the upper zone—showing that the majority are more amenable to operative than to medicinal treatment and rendering their diagnosis a matter of great moment to the surgeon.

When appendicitis with its complications was termed inflammation of the bowels and opium was the therapy; or even when so-called typhlitis and perityphlitis were treated by leeches, ice or poultices till a fatal perforation or the lucky pointing of an abscess externally brought one or another termination; when the treatment of gall-stones was by alleged solvents, and their complications were unrecognized; when gastric ulcers were always met by internal medication; also dilatation of the stomach by peptonizing agents and lavage; when intestinal perforation passed as idiopathic peritonitis and penetrating abdominal wounds pursued their fatal course for fear of disturbing the peritoneum; when hemorrhage from ruptured ectopic gestation was combatted by opium and ergot; when pyosalpinx was merely pelvic abscess and the treatment was iodine applications with hot

douches; and when the only relief for hypertrophied prostate was “catheter life”—then the accurate diagnosis of these and other now well-recognized abdominal pelvic surgical conditions was of small interest to the surgeon.

Likewise, until aseptic technic, with ingenious experimentation and close study of localizing symptoms made intracranial surgery—other than the elevation of depressed fractures—a possibility, the surgeon had little incentive to make a careful diagnosis of brain abscess, cyst or tumor; or of thrombosed sinuses, suppurative meningitis and the faulty cortical centers of Jacksonian epilepsy, all of which now come within the diagnostic range of the brain surgeon.

Among intrathoracic lesions with which modern surgical diagnosis is concerned are pulmonary tumors, abscess, gangrene, adhesions, hydatid cyst, actinomycosis and empyema, as well as, most wonderful of all, cardiac wounds with pericardial disease and trauma.

Not alone do the possibilities of surgical diagnosis at the present contrast with those of the past generation by the increased field of surgical pathology, but also by the growth in available aids to such diagnosis—the various instruments of precision, of illumination and trans-illumination; of segregation, etc.; not to speak of the incalculable value of bacteriology, improved technic in microscopy, and not least of all the assistance afforded in many cases by anesthesia.

This brief retrospect may, pardonably, arouse pride in the accomplishments of modern surgery, but it should chiefly inspire us with fresh diligence in, and devotion to, diagnostic excellence. I suspect that candid introspection would compel many of us to admit that we are not living up to the full measure of our opportunities and obligations in pre-operative surgical diagnosis. There are times when we should realize—to borrow an apt phrase—that we are facing “a condition and not a theory”—even though the condition be disagreeable to contemplate. The theory is (and we like to believe it) that surgical diagnosis is, as nearly as possible, exact. The condition is (and experience compels us to accept it) that, while a great deal of good diagnostic work is accomplished, there is much room for improvement; that nearly all of us, at times, and a few of us nearly all the time, arrive at erroneous, incomplete or late diagnoses, where we could have made them accurate, full and timely. Neither diagnosis nor



operative technic will ever reach perfection, for the human element necessarily enters, and the human element pre-supposes an occasional mistake. It is too much to expect a diagnostic Utopia, but it is not Utopian to demand the highest possible average in diagnosis, as in operative treatment. The fact is that operative ingenuity and skill are more and more occupying attention to the detriment of diagnostic ability. The pages of the medical press prove it; the proceedings of medical societies attest it; individual observation and experience confirm it. We are too prone to let diagnosis develop in the course of operation.

To show that I am raising no false alarm, nor "setting up a straw man to be knocked down," let me quote from a recent address on the "Diagnosis and Treatment of Abdominal Pain," by Dr. John B. Deaver, who says, in part: "Every diagnosis made at the post-mortem table or at an ante-mortem operation is sometimes, indeed, merely sad evidence that art is long and time short—that the art of surgery is not yet a perfect science—but it is more often a demonstration of the culpable negligence of the surgeon or physician in his manner of eliciting the patient's history, of noting his symptoms, and of making the physical examination. Superficiality is a trait which the surgeon of all others must shun at the present day. There are many individuals who are satisfied, if, from a hasty examination, they can say that the patient must be operated on, or that he must not be operated on, leaving until after the abdomen is opened the determination as to what the operation shall be. The most appalling disasters in surgical history are the results of such teaching." This from one of the most eminent members of our profession. But the "appalling disasters" are not the only unfortunate results of hasty and misfit surgical diagnosis. One must also consider the *unnecessary operations*, where no surgical condition existed; the *secondary operation*, where the whole pathology was not discovered prior to or at the first one; the *complicated operation* and unnecessary weeks of suffering or disability due to delayed diagnosis, where early recognition would have meant a simple operative procedure and prompt recovery; and the hours, days or weeks of useless anxiety on the part of patient, relatives or friends, owing to an exaggerated conception of some simple surgical condition. All these, as well as the "appalling disasters," must be

charged up to imperfect, careless, "snap" diagnosis. In seeking the causes for faulty surgical diagnosis I would put—

(1) Superficial acquaintance with anatomy, physiology and pathology.

(2) Carelessness in taking and recording the history and symptomatology.

(3) Neglecting the assistance of modern aids to diagnosis.

(4) Undue haste in dealing with obscure or chronic cases—Indecision and delay in the presence of acute or traumatic condition.

(5) Not infrequent neglect by the internist to promptly recognize or suspect the possible surgical nature of supposed non-surgical conditions.

That a thorough knowledge of anatomy, physiology and pathology is absolutely essential to the surgical diagnostician, needs no argument. As well expect a navigator to lay his ship's course straight without a compass as a surgeon to arrive at a correct diagnosis without these three fundamental guides.

It is an art of no mean order to secure a full history and symptomatology. The temptations to slight the process are many. Pressure for time. Reluctance, too, or even ignorance on the part of the patient or his friends may require a cross-examination. The diagnostician must have some of the qualifications of a lawyer. The material must be obtained at all events, and recorded if possible. Card indexes can be used at the bedside as well as in the office.

As to the various accessory aids to surgical diagnosis, it is, perhaps, too much to expect that the general surgeon should have all or even a large assortment of them—still less that he should have the time and special training to use them all. Let him have all that he has the time and skill to properly use—but the essential thing is that he recognize their value and get from them results, through experts, when necessary, just as he depends on experts for practical bacteriology and pathology.

Closely allied to this suggestion is the use of such procedures as ballooning of stomach or colon by a bulb syringe and stomach or sigmoid tube; auscultatory percussion, etc., either or all of which methods may aid greatly in discovering abdominal pathology, but are too little used, through oversight or a dislike to put oneself or the patient to some inconvenience.

With the foregoing data in hand one is prepared to solve the diagnostic problem—

to make either a satisfactory pre-operative diagnosis or to prove that it can only be made by exploration. One must first group in his mind the anatomical elements—bone, muscle, nerve, hollow organ or viscus—that may reasonably be suspected. Apply to each the test of history and symptomatology. Interrogate (by means of physical signs) and deduce, until one or more of the anatomical elements satisfy the conditions. Consider next the physiologic functions of the part or parts and then assemble the different pathologic conditions; infection, degeneration, atrophy, hyperplasia, benign and malignant growths to which it or they are liable—eliminating, one by one, the least satisfying in view of the history and symptomatology until the most reasonable and unassailable explanation of all the facts in the case is reached—which means a *diagnosis by exclusion*—the only “safe and sane” method where a pre-operative diagnosis is possible. I admit that this is not new—in fact, the method is so old that not a few forget to apply it. How many talk about reaching a diagnosis by exclusion—and then *jump at conclusions!* The restless spirit of the age has inoculated the profession as well as the laity. “Snap” diagnoses and dashing, theatric operations involve risks which the public would shun did they know. There are no genuine X-ray diagnosticians, none who can solve the problem of where? and what? by intuition. A guess may be lucky, but more likely it is wrong. A salient symptom may guide the diagnostician to safety—but more often to disaster. Sir Frederick Treves recently said, in addressing a London medical audience, that he doubted seriously if *cleverness* had any proper place in the medical profession, and he was certain that the *brilliant surgeon* was an abomination. I think we may safely assume that he included “brilliance” in diagnosis as well as operation.

Insistence on diagnosis by exclusion and, if necessary, side lines of investigation through bacteriology, practical pathology and by instruments of precision may sound prohibitive to the busy practitioner; but no one should allow himself to be too busy to be thorough in diagnosis. The over-busy surgeon or general practitioner—particularly if he be both—is an unsafe individual. Some day—it may not be in your day—the people will realize that one cannot be a busy internist and a thoroughly safe surgeon, or a busy surgeon and a really safe internist at the same time, and they will demand that

he be either one or the other. They will in time recognize that we, doctors, to whom they trust all they value most, have human limitations and that either the whole field of medicine or the entire field of general surgery has too large a scope for the individual. Perhaps I am “building castles” which only later generations will occupy.

Acute inflammatory and emergency cases would seem at first glance to require for their diagnosis a different method from that I have emphasized, and in fact they do frequently demand its modification. Fortunately they generally afford, in the nature of things, opportunities for diagnostic short cuts. The character of a traumatism is often self-evident, or if not and situated in an extremity, may be rapidly determined by definite tests or measurements. Injuries to skull, thorax or abdomen are likely to show some external evidence which will guide. Internal injuries of these regions as a rule display some characteristic signal—pressure symptoms, if intracranial, hemoptysis, if intrathoracic—hematemesis, hematuria or melena with shock, if intra-abdominal—shock, pallor, etc, if hemorrhage is concealed. These symptoms will in most cases enable one to decide quickly for or against immediate operation. A safe rule in all penetrating abdominal wounds is explorative incision and thorough investigation.

In suspected abdominal inflammations the presence or absence of pain—local or diffuse—tenderness and increased muscle tension, assist us to a prompt conclusion. Constipation, tympany and vomiting in intestinal obstruction, with sudden pain and shock in perforation will aid in a speedy solution.

The fact that most of the acute surgical lesions occur in the right half of the abdomen where the appendix, ileo-cecal valve, lower portion of ileum, below; and bile tracts, duodenum, pylorus and head of pancreas above; are located, should be borne in mind, and in obscure cases requiring prompt exploration, search should begin there. In all these cases the surgeon must reason quickly, estimate the probabilities wisely and occasionally take some chances in forming his diagnosis. They are sometimes the occasions that try his mettle, his caution, or his boldness.

Not the least important phase of my subject is the relation of the internist to surgical diagnosis. No doubt patients with internal surgical pathology apply oftener and earlier, through ignorance of their real con-



dition, to the internist or general practitioner than to the surgeon. This means that a great responsibility rests on the medical man: the responsibility of recognizing the frankly surgical case and referring it to a surgeon for treatment, and of, at any rate, *suspecting* the *debatable* cases and promptly dividing with some surgeon the problem of diagnosis.

Were the latter done, there would be fewer instances of ostitis, periostitis or tubercular arthritis passing as rheumatism till irreparable injury transpires, of gallstones or their complications, and chronic appendicitis being ineffectively treated for indigestion, or of chronic gastric ulcer and, worst of all, beginning carcinoma of the stomach receiving medical treatment while the golden opportunity of effective operation slips away. When one realizes that, so far, operation on cancer of the stomach has, except in the rare cases operated very early, been merely palliative—to quote Mayo, than whom no one has had better operative results—that out of Mayo's one hundred and nine cases reported in 1903, the greatest prolongation of life was three years and seven months, and the average little more than a year—a realization of this, I say, justifies the repetition on all suitable occasions of the plea for earlier diagnosis of this appalling condition. *Here lies the preëminent value of explorative operation.* Mayo says: "The hope of the future lies in early exploration and the necessity for this is ascertained by clinical observation rather than by laboratory methods, which too often become valuable only when the extent of disease renders the case hopeless." Murphy believes that success in combatting carcinoma ventriculi lies in attacking the pre-cancerous conditions which he maintains are gastric ulcers, cicatrices, pyloric retention and gastrectases; in other words, the pathologic conditions which so often are responsible for that indefinite but convenient term, indigestion. Murphy adds that "improvement in medical diagnosis has been immaterial, so far as positive knowledge is concerned, in the last decade and does not promise much in the future." Here again is the intimated necessity for exploration—even in the pre-cancerous stage of gastric carcinoma. Outside of a few hopelessly obscure conditions, usually in the upper abdominal zone, Deaver's warning not to "cut a hole just to look in" should be heeded. As a rule an operation is only justified after one has, with approximate cer-

tainty, determined that a surgical lesion or condition exists, and in addition where and what it is.

In conclusion I would emphasize that there is no "Royal Road" to diagnostic success. Only by acquiring the elemental knowledge; only by educating the eye to observe and the ear to hear comprehensively and shrewdly—even cultivating eyes and ears at the finger tips—and seeking to properly interpret the data obtained, through well-developed reason and wide experience, is the true diagnostic acumen attained.

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### PHYSICAL EDUCATION VERSUS PHYSIOLOGY.

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By Guy Otis Brewster, M. D.

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Annual Delegate, Bergen County Medical Society, 1905, Grantwood N. J.

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In the training of college and professional athletes, there is an attempt to combine physiological laws with physical training. Candidates receive an examination from a physician, their history, weight and measurements, with strength tests are taken, they are watched carefully and examined often during their course. No candidate suffering with organic disease is permitted to enter training or participate in games or exhibitions. Exercise is lessened or stopped with the slightest untoward symptom of those in training until normal conditions are restored. As a result of these attentions to their personal well being, such athletes come to know the most nutritive and easily digested foods; the proper care of the emunctories; the value of sleep, fresh air and suitable clothing. Hence we are often treated to dissertations on the art and science of right living by ex-collegiate football stars and retired pugilists.

In the great public schools, both elementary and academic, there is no connection between physiological teaching and the teaching of physical training. In the elementary schools the grade teachers instruct their classes in physiology and lead the class exercises in physical training with no apparent conception of the relationship between them, viz.: a lesson on the muscles of respiration and the exercise of them.

The High Schools give thirty lessons in physiology in connection with the first year's study in biology and the exercises are



given by the physical training teacher. There has been no attempt at correlation.

No physical examinations of students is made in either elementary or high schools, and physical training is required of all students unless they are excused by a certificate of ill health from a physician.

No special course of exercises is provided for those so excused; they must take violent exercise with healthy students, or not exercise at all. The students most in need of physical development and of practical instruction in physiology, hygiene, dietetics and sanitation, are the children of the poor who cannot afford to consult a physician for every seeming slight indisposition; and the students, especially of the high schools, have a sense of pride concerning free clinics.

In my three years' experience as a teacher of physical training in the DeWitt Clinton High School of New York City, cases have come under my observation suffering with organic heart disease, acute and chronic nephritis, tuberculosis, acute and chronic rheumatism, chorea, anaemia, exophthalmic goitre, acute and chronic bronchitis, pneumonia, enteric fever, intermittent and remittent fever, dislocations and simple, impacted and green stick fractures, chronic dysentery and amylaceous indigestion. Among the innumerable cases of general malaise, who were requested to see a physician before returning to school, there developed fatal cases of cerebro-spinal meningitis, diphtheria, scarlatina, pneumonia and acute nephritis. All these cases were discovered while the boys were exercising with their classes in the gymnasium. Pertussis, parotitis, morbilli and tonsillitis occurred frequently. One boy with fracture of a metatarsal bone was rubbing his foot with witch hazel for a sprain, and continuing practice for the track team under a coach who taught mathematics. A senior student with organic heart disease played end on the high school football team under a coach who taught chemistry, and at the conclusion of a hard game collapsed and remained unconscious two and a half hours. A student excused from physical training joined the tennis team and was confined to his bed two weeks with a dilated heart. Numbers of cases were noted of boys falling exhausted during track athletics, but only two presented opportunity for examination; one of these had cardiac disease, and the other disease of the knee joint.

The physical training teacher receives

classes registering forty-five to ninety students, and careful observation of their physical condition while personally leading the class exercises, is impossible. The need for medical supervision was demonstrated in the first term's work and prompted the division of the classes into sections with student leaders, each section being classified according to age, physical condition and the exercises necessary for them. This plan permitted closer association with the students and better physical results were attained.

The sections exhibited a desire to consult their physical training teacher on matters pertaining to physiological structure and function, diet, hygienic dress and daily habits in connection with their calisthenic, gymnastic and athletic work. By examining students during the lunch period and after school, some of the former evils were mitigated, and the eagerness with which they grasped and applied suggestions as to better living encouraged me to continue this work with them.

Much of the disorder among students can undoubtedly be traced directly to their physical condition. Headaches, drowsiness, nausea and vomiting have been common among our boys after the lunch period, due in part to the presence of a lunch counter in school whose chief stock consisted of cheap pastries and candy. Lack of knowledge in physiology and dietetics was more responsible for their condition, as many brought candy, pastries and other indigestibles with them for luncheon. Three of the most disorderly boys in school had chorea, another one, considered quite incorrigible, had exophthalmic goitre.

Many disorderly students exhibited marked stigmata of degeneration and these usually failing in their work left school during the first year.

Conditions in the girls' schools are similar, with pelvic disorders added.

The necessity for physical education is no longer questioned. The Russo-Japanese war demonstrates its possibilities by a national system, as proven long ago by the Spartans. We have survived physical culture by expression; we have delved ephemerally into the systems of all nations from Italy to the Scandinavian peninsula. Are we not ready now for the physical education of Americans?

Throughout all time the physical educators of the world have been its physicians. From puberty to senility the human family

relies upon the doctor for the way and the truth of life. Is it not possible by a correct system of physical education to elevate the race to a standard of right living, and eliminate the patent medicine man and miraculous healer? As suggested throughout this article, should there not be a careful physical examination of all students with medical supervision during the year? The classification of students according to their physical condition, with special care of those exhibiting pathologic signs or symptoms? The teaching of the theory and practice of physical education in the same department, with the teaching and management of athletics? And the arrangement of exercises in accord with American ideals?

#### HOW TO MODIFY AND ABORT MEASLES.

By Elihu Brithin Silvers, M. D., Rahway, N. J.

Some years ago I saw in an English Journal merely this line, as a query: "Cannot Sulphite of Calcium render mild both measles and small-pox?" Acting on this hint, I began to use this agent in measles with the happiest results. We know that in children uncomplicated measles amounts to little, but in adults it is frequently a formidable disease. After repeated successes with this remedy in children, I had two cases of measles in adults in which its action was magical.

A school child gave the disease to her mother and sister, well along in years. The mother's eruption was intensely dark and she had well marked typhoid symptoms, such as muttering delirium, sordes on tongue and gums, picking at the bedclothes, etc. I gave her one half grain pellets of the sulphite every hour and plenty of milk punch. She soon began to mend. Then I gave the medicine every three hours. In ten days she was about her house. So was the eldest daughter.

This was some years ago. My further experience has proved the great utility and prophylactic power of this remedy in measles.

I wish that the readers of the JOURNAL would make a thorough trial of it and report their results to me.

**A Woman Professor of Johns Hopkins.**—Dr. Florence R. Sabin has been appointed associate professor of anatomy in Johns Hopkins University. She is a graduate of Smith College and of the Johns Hopkins Medical School.

**A Circular of Instruction Regarding Mosquito Extermination.**—A four-page circular setting forth the causes and prevention of mosquito incubation, which has been prepared by Dr. A. H. Doty, Health Officer of the Port of New York, has been issued by the Board of Health. A copy will be mailed to every family on Staten Island in the hope that they will learn from it simple means of preventing mosquito propagation. The circular explains in detail the great variety of places where mosquitos may hatch. A paragraph is devoted to the methods of proper draining and the economical use of crude oil.

## Correspondence.

CAMDEN, N. J., July 6, 1905.

To the Editor of the JOURNAL:

Sir:—After a prolonged correspondence with New York, this Board has decided to suspend further indorsement of New York licenses on and after the next meeting of the Board, October 16, because "the degree of unreasonableness in the matter of interstate indorsement by New York cannot be further ignored."

I send you a copy of my letter to Secretary Parsons of the Board of Regents of New York for publication, since it not only explains the situation but will be interesting reading to a good many of the physicians, especially in North Jersey. You will receive it before it is publicly announced, since our Board wishes THE JOURNAL to be among the first to notice it.

We have made remarkable progress in the matter of interstate indorsement. The certificate of license of this State will be indorsed in lieu of examination by Maine, Vermont, Delaware, Virginia, Illinois, Michigan, Wisconsin, Minnesota, Kansas, Colorado and others.

Very truly yours,  
E. L. B. GODFREY, M. D.,  
Secretary.

STATE OF NEW JERSEY,  
BOARD OF MEDICAL EXAMINERS,  
CAMDEN, N. J., July 6, 1905.

Mr. James Russell Parsons, Jr.,  
Secretary, Board of Regents,  
University of the State of New York,  
Albany, N. Y.

Dear Sir:—On May 17th, ult., the State Board of Medical Examiners of New Jersey addressed a communication to the Board of Regents of New York reciting in detail the educational and examining requirements for the medical license of New Jersey and asking whether or not New York would indorse the medical license issued by New Jersey under the conditions therein named.

This communication has been replied to successively by Mr. Charles F. Wheelock, Dr. Maurice J. Lewi and Dr. Howard J. Rogers. In answering these gentlemen, this Board repeated the question, forwarded a copy of the medical statute of this State with blank forms for indorsement, and invited the Regents to inspect the methods of examination and licensure and the records of this Board at Trenton, June 20th, the date of the last examination, and subsequently at Trenton or New York City on July 3d. In the correspondence with these gentlemen, the question of indorsement has not been answered nor was the invitation accepted.

In consequence of this attitude on the part of the representatives of the Board of Regents, the following resolution was adopted at the annual meeting of this Board, July 5th:

WHEREAS, The educational and examining standards for the medical license of New Jersey are at least equal in all respects to those of New York, and in some respects higher, and

WHEREAS, The degree of unreasonableness in the matter of interstate indorsement on the part of New York cannot be further ignored, therefore

Resolved, That on and after October 16, 1905, the date of the next regular meeting of this



Board, the indorsement of medical licenses issued by New York will be suspended until further notice.

Very truly yours,

E. L. B. GODFREY,

Secretary.

MR EDITOR:—Several of the members of the State Society at the meeting at Hollywood thought it would be a step in the right direction to have the annual meeting divided into two sections; surgical including gynecology and obstetrics, and medical including therapeutics, neurology and hygiene. This plan seemed for the minute to offer a means whereby the crowding of the program, inseparable from the present arrangement, might be avoided. I say inseparable because allowance must always be made by having an extra supply of papers for those which do not materialize at the last moment. The meeting just held was exceptional, in that all the papers were present, except two on Tuesday afternoon. The writers of those papers were enjoying the carriage ride given by the Committee of Arrangements and did not return in time for the meeting. Only one other paper was missed. It was impossible to complete the program under the circumstances.

A number of arguments were offered in favor of the plan of two sections. But after mature consideration the Committee on Scientific Work have determined to abide by the old custom. One of our reasons for this is that the New York State Society tried this plan at Albany. They found that sometimes all the members would flock to one section leaving the other section minus an audience. This would occur with each section. Then again there was difficulty in the fact that each section would of necessity have its own chairman. Thus there were two heads, a bad thing except for a battering ram. Another point: Our Society is composed of general practitioners (those engaged in special work being comparatively few), to whom both sides of a subject, medical and surgical, present features of interest. And one more reason, perhaps, the best one, is that a general session has an audience seldom over 100. The average attendance of all the sessions of any one meeting has been only about fifty. If you should divide this it would be difficult in asking a writer for a paper to offer a good audience with any reasonable assurance.

Very truly yours,

TALBOT R. CHAMBERS.

Chairman Scientific Committee.

July, 1905.

To the Editor:

As a permanent delegate to the last meeting of the State Society at Hollywood, I was greatly interested in the numerous works of art, done in oil, which were presented to the Society by our genial, generous and thoughtful host, Mr. Cotentin. I failed to learn what disposition was made of the gift, and write simply to suggest that, in consideration of the high trust our Society reposes in its treasurer, he be allowed to keep these mementoes for the Society, producing them from year to year at the annual meetings. There would be no objection to his hanging them in his drawing room or dining room, but they should not be allowed in the retiring rooms.

Respectively yours,

Q. E. D.

## BOOK REVIEW.

DRINK RESTRICTION (*Thirst Cures*). Particularly in Obesity. By Prof. Carl von Noorden and Dr. Hugo Salomon. Small 8vo., 75 cts. E. B. Treat & Co., New York. 1905.

This monograph is part six of a series of medical essays on the Diseases of Metabolism and Nutrition by Professor von Noorden. The American editor is Dr. Boardman Reed. The book describes various treatments of disease in which restriction of the fluid intake is a more or less prominent feature. It seems that the law is laid down in the writings of Hippocrates that the patient should go without water in cases of heart disease. This doctrine seems to have held more or less sway up to the present time. Nowadays in America at least, it seems to be the fashion to force nearly all chronic invalids to drink as much water as they can hold. In cases of weak and dilated hearts this advice may certainly be harmful. Professor von Noorden makes an excellent point in showing how markedly interdependent are over eating and over drinking. Fastidious animals drink less than well-fed ones and conversely thirsting animals refuse to eat. An interesting experiment is given in which pigeons, deprived of water and food, lived ten or twelve days, whereas, when they were fed on air-dried peas and allowed no water they survived only four and one-half days, showing that the added burden of food, which has to be digested without drink, more quickly overcomes the vitality than thirst alone would. This experiment contains a valuable therapeutic hint, viz.: if our patients cannot drink freely they should not be given much food. In short, if the aliment be sufficiently reduced there is much less danger of drinking too much. The monograph deals with the question of drink restriction in obesity in a rather inconclusive manner and touches upon the oxygen consumption during periods of drink restriction, showing by experiment that this is not influenced by the limited supply of water. The subject is a timely one, and the little volume will well repay perusal.

## WIRE NAIL IN APPENDIX.

Professor Tyson, of the University of Pennsylvania, reports a case in the *University Bulletin*, of December, 1904, of a wire nail, 1 2-5 inches long, removed from the appendix of a negro 53 years old, *post-mortem*.

He had been operated upon for abscess of the liver, May, 1903, and died March, 1904, following general anasarca, double hydrothorax, ascites and orthopnea, preceded by cardiac dilatation. The appendix was bound down behind the cæcum by fibrous adhesions, the wall thickened and indurated, but without pus. At no time while under observation did the patient complain of any symptoms pointing to appendicitis.—*Indiana Med. Jour.*

## A New Superintendent for Bellevue Hospital.

—Eighteen candidates appeared to take the civil service examination held for the purpose of selecting a new general superintendent for Bellevue Hospital. The Municipal Civil Service Commission will send the list of applicants who received the highest rating to the Board of Trustees of Bellevue and Allied Hospitals, and the trustees will select a new superintendent from the lot. The salary is \$6,000 a year.



## MEAT-EATING AND THE DISPOSITION.

Meat-eating is said to be responsible for most of the bad temper that exists in the world. A butcher, whose article is quoted in *The Dietetic and Hygienic Gazette*, says: "Most meat-eating people, like the English, are noted for their bad dispositions. The French, who like fruit, vegetables, salads, fish, and chicken, are noted for politeness and good humor. The Japanese live on rice, fruit, sweet-meats, and fish, and don't touch meat from one year's end to another. Their temperance and delicacy at table give them the best dispositions in the world. On the streets of Japanese towns there is never any quarreling or fighting. You never see a disturbance among that people. Tolerance, courtesy, high-bred, ceremonious manners are as prevalent in Japan as grumbling in England." The cross-grained condition arising from flesh-eating is evidently intensified on days when meat is eaten more abundantly, and this circumstance gives point to a story told by a prominent English clergyman. He congratulated an old lady on her bravery in fighting her way to church against a terrible tempest, but received the disconcerting reply: "My husband gets so cross-grained after meals that I have to get out of his way, so I might as well go to church." All of which goes to show that the doctor who is expected to have a heavenly disposition, or else be able to assume the appearance of having one, should be a vegetarian. If he cannot become herbivorous and good-tempered like the elephants, antelopes, and camels, let him not imitate the diet of the lion, the tiger, the leopard, and the rest of the carnivora; which are fierce, treacherous, and mean.—*Canad. Jour. Med. and Surg.*

**Paper for Dressing.**—Olpp writes from China to the *Münch. med. Wochft.* that he has been very much pleased with the very thin, soft, porous paper made there as an inexpensive substitute for ordinary dressings for wounds. He describes how the paper is made from bamboo pulp, and states that he crushes a sheet into a loose, soft, wad, applying as many of these wads as necessary after sterilizing them by baking an ovenful at a time. If the wound is suppurating, he applies a single layer of gauze before packing with the wads. The convalescents crush the paper into the loose wads, giving them something to do and think about. He has also found the ashes of rice or other straw, such as the Japanese use, a valuable material for dressing.—*Journ. A. M. A.*

Julius Ullman insists that brewers' yeast in large doses is valuable in tuberculosis. He has also used it in doses of 2 or 3 ounces 3 times a day in broncho-pneumonia.

The Montclair Board of Health has distributed a set of rules and suggestions for attendants and families in which cases of tuberculosis exist. They have also notified the local physicians that hereafter samples of sputum from suspected cases of this disease will be sent to Trenton without expense or trouble to the doctor or patient. Blood examinations will be made in the same manner, while the examinations for the diphtheria bacillus will be made as heretofore by the board's own bacteriologist.

## STATE MEDICAL LICENTIATES.

At a meeting of the State Board of Medical Examiners of New Jersey, held at Long Branch, July 5th, the following candidates, who passed the State examination at Trenton, June 20-21, were duly licensed to practice medicine and surgery in New Jersey: Herman Bryden Allyn, Philadelphia; Pasquale Bellino, Newark; Albert Page Berg, Philadelphia; Joseph Albert Biello, Philadelphia; Theophilus Henry Boysen, Egg Harbor City; James Breslin, Freehold; Frederick Norman Bunnell, Tom's River; Ralph Robert Charlesworth, Millville; Arthur Harley Coward, New Egypt; William Price Davis, Jr., Atlantic City; Samuel Ward Dodd, Newark; Jocelyn Joseph Emmens, Philadelphia; Arthur Edward Ewens, Atlantic City; John Eugene Fahy, Philadelphia; Abraham P. Fishman, Providence, R. I.; Collin Foulkrod, Philadelphia; Frank William George, Princeton, Mass.; Frederick Snyder Hammond, Wilmington, Del.; Ernest Rutherford Hoffman, Collingswood; Albert F. Jackson, Campgaw; Charles Higbee Jackson, Camden; Claude Perry Jones, Somerville, Mass.; Henry Benjamin Kessler, Newark; Ignaz Klein, Newark; George J. P. Koch, Paterson; Thomas Benjamin Lee, Camden; Chester Arthur Leigh, Burlington; Harry Elmer Lore, Cedarville; Margaret Mace, Anglesea; Richard Sanford Mallon, Paterson; Amos Jones Mander, Philadelphia; Harrison Stanford Martland, Newark; James Henry McCroskery, Union Hill; Joseph Searle McDede, South Orange; Joseph Zimmerman McDermott, Freehold; William Bernard McGlennon, Newark; Llewella Maria Mellow, Atlantic City; George Grant Mills, Philadelphia; Arthur Caradoc Morgan, Philadelphia; Samuel Alan Muta, Bridgeton; Daniel Jerome O'Brien, Deep River, Conn.; Thomas Aloysius O'Brien, Philadelphia; Clarence Rutherford O'Crowley, Newark; Jacob Lyon Rosenstein, Jersey City; Eugene Paul Schaefer, Newark; Julius Segal, Carmel; George Sigars Spence, Vineland; James Harris Underwood, Woodbury; Nelson Shelly Weinberger, Doylestown, Pa.; Edgar Lee West, Hamilton Square; Edward Clendenning White, Camden; Walter John Whitehouse, Jr., Pottsville, Pa.; Joseph J. G. Williams, Longport; William Walsh Wilson, New Brunswick; Alfred Woodhouse, Trenton.

There were seventy-two candidates for the State license examined, of whom seventeen were rejected and fifty-five licensed. The percentage of rejections was 23.

The following officers were elected: President, Dr. Edward Hill Baldwin, Newark; Secretary, Dr. E. L. B. Godfrey, Camden; Treasurer, Dr. Charles A. Groves, East Orange.

The medical license of New Jersey will be indorsed by Maine, Vermont, Delaware, Virginia, Illinois, Michigan, Minnesota, Kansas, Colorado and other States.

**Edward Gulon, M. D.**, has recently been elected health officer of Atlantic City. Dr. Guion is secretary of the Atlantic County Medical Society, and a member of the Executive Council of the State Sanitary Association.

**Wesley R. Wales, M. D.**, is accused of having misappropriated \$16,000 of the funds of the defunct First National Bank of Cape May, of which he was president.

# THE JOURNAL

OF THE

## Medical Society of New Jersey.

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**AUGUST, 1905.**


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*Each member of the State Society is entitled to receive a copy of the JOURNAL every month.*

*Any one failing to get the paper promptly will confer a favor upon the Publication Committee by notifying them of the fact.*

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### THE FIFTY-SIXTH ANNUAL SESSION OF THE AMERICAN MEDICAL ASSOCIATION

Seems to have passed off remarkably well. There were 1,416 members present on the second day. Certainly a large registration at so remote a point as Portland, Oregon. The addresses of the president and the orations in medicine, surgery and state medicine were of the highest order and should be carefully read by every American physician. The New Jersey State Society can scarcely fail to take pride in the reference to our deceased comrade, Doctor Byron C. Pennington, of Atlantic City, contained in President McMurtry's address.

Doctor William J. Mayo, of Rochester, Minn., was elected president, and Boston, Mass., was selected as the next place of meeting.

This will afford great satisfaction to many of our physicians who can easily make the trip to Boston and put to the test the far-famed hospitality of that city. Incidentally we shall enjoy an opportunity to inspect the new Harvard Medical School buildings, said to be the finest in the world. We feel sure that New Jersey will be fully represented. The meetings of the great national association are to us most inspiring and helpful. Whoever wilfully absents himself from one of them deprives himself of an unexampled source of pleasure and instruction.

The elevation of Doctor Mayo to the

proud eminence of president affords an inspiring lesson to the younger physicians of this country. It comes as a crowning honor to a man who has raised himself from obscurity to international eminence and reputation by hard study and by his skill and devotion as a surgeon.

In his election the association has honored itself and has set its seal of approval upon a true type of American manhood.

### THE DOCTOR AND THE TRAINED NURSE.

Doctor Ill's remarks on this subject in his vice-presidential address, printed in this issue, are so suggestive that we hope that each one of our readers will ponder them well.

There is an old saying that no one is a hero to his valet. And perhaps few of us, practitioners of medicine, are heroes in the eyes of the trained nurse. With the keen intuition of her sex, reinforced by a course of special training and more or less bedside observation, she is especially qualified to "size up" the attending physician. She will quickly perceive whether he is careless or incompetent in diagnosing and treating his cases or capable and painstaking. She will feel the jar, perhaps, as much as the patient if the doctor is brusque and tactless in manner or vacillating and undecided in his treatment.

In short, in the introduction of a new element in the treatment of the sick, we have really placed a strong check upon ourselves. Now it is essential that we should recognize the fact that a discerning eye is ever upon us while a trained nurse is in the sick room. We are disposed to believe that it was some "old-fashioned" and conservative doctor who objected to being watched, who remarked that a "trained nurse is a trained nuisance." Sometimes they are so because they may know more about handling the case than the man who is ostensibly in charge of it. Sometimes, inasmuch as there are black sheep in every flock, some particular nurse is a most unsatisfactory per-

son and should be eliminated from the ranks of a faithful class of workers.

However, the lesson for us to take to heart is that, generally speaking, the trained nurse is largely what we make her. If she is careless, indifferent, mendacious or insubordinate, the blame is chiefly ours. No doctor in his senses would think of trying to practice medicine to-day without her help. She is our most important auxiliary, and we are forced by both duty and self-interest to do all in our power to perfect her character and training.

Doctor Ill's suggestions, that all nurses should be encouraged to form themselves into societies for self-improvement and embrace every opportunity to do post-graduate work in good hospitals, are especially valuable. In fact, only by such means can a nurse maintain her efficiency and keep abreast of the constantly improving methods of technique in both medical and surgical practice.

### THE TREATMENT OF THE INSANE.

Some years ago in the Presidential address before the Essex County Medical Society, Dr. Underwood, of Newark, insisted upon the benefits which would accrue to both the patients and the public if the insane were regularly employed in, for instance, farm labor. As we recollect the purport of the address, it was proposed that the authorities in Essex County obtain a sufficiently large tract of land and set the insane patients to work to raise vegetables and such farm products as could be advantageously used in their own sustenance and that of the other wards of the county. If more material could be raised in this way than the county had need of, the excess could be sold in the market and the proceeds applied to the support of the county institutions and so reduce the burdens of the taxpayer.

These excellent and timely suggestions have, so far as we know, borne no fruit. But they have not been forgotten. And the present moment seems to be a favorable time to restate them, inasmuch as the County Freeholders are contemplating the erection

of a new insane hospital somewhere on the Orange Mountain and the abandonment of the present institution in Newark.

It seems hardly necessary to dwell upon the great benefits which regular employment affords to the insane. That they are happier, more tractable and more likely to recover from their affliction when kept busy, goes without saying. The recent death of Sir John Sibbald has recalled the brilliant results of his long and faithful service in the cause of these unfortunates. *The Journal of the American Medical Association* has paid a worthy tribute to this really great man, who combined in his own personality the scientific mind and the heart of the philanthropist; traits which were made effective by sound learning and great executive ability. "He was the first man in Great Britain to tear down the walls of the old prison-like 'airing courts' and to substitute free exercise and employment. His patients became more orderly and less subject to tuberculosis. His patient apprenticeship, his long tenure of office, *free from politics* (Italics ours) as well as his wisdom, manliness and tact suggest the reason for the world-wide prestige of the Scotch Lunacy Commission, which has had the service of men of his calibre. By the same tokens is pointed the moral of the inevitable failure of too many apparently similar boards in this country."

We have always had "poor farms" in America where paupers, often too feeble to work, are supposed to lighten the burden of their support by their labor. Would it not be far more sensible as well as economical to set our ever increasing army of lunatics to work and so reap the benefits to them and to the commonwealth which such a course will insure?

Fortunately, as we think, there is at present a fashion springing up among the well to do of working in their gardens. And what ever is good enough to relieve the ennui of fashionable life must be good enough to make the empty and profitless lives of the insane happier and more bearable; not to mention the obvious commercial advantages which will follow from their labor.



We hope, therefore, that the Essex County Board of Freeholders can be induced to put into practice Dr. Underwood's plan for the care and treatment of the insane in this county, and have no doubt that, if the example is once set here, it will be very generally followed elsewhere.

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### THE FREQUENCY OF TUBERCULOSIS.

Under this caption the *Journal of the American Medical Association* for July 1st makes some highly interesting remarks.

It is the prevailing fashion to assume that the infection of tuberculosis is well nigh universal and that practically everyone has, at some period of his life, been more or less affected with this disease. To our mind the evidence upon which this belief is based has been far from conclusive, although we are aware that it is not lacking in support by pathologists of high repute.

The subject is of such paramount importance that any light which may be thrown upon it is doubly welcome. Naegeli's report that he found evidences of a previous existence of the disease in 97 per cent of several hundred autopsies was subsequently confirmed by Burkhardt. Franz tried the tuberculin test upon apparently healthy soldiers and got a positive result in 60 per cent.

Kraemer has examined these conclusions at some length and asserts that they are by no means proved. He quotes Orth, who found evidences of this disease in only about 28 per cent. of 1,087 autopsies and cites other data which appear to disprove the doctrine of universal infection. He also calls in question the sufficiency of the evidence so far adduced in proof of the assumption that certain anatomical changes, found post-mortem, are due to tuberculosis. Kraemer then dwells upon the sources of error in the application of the tuberculin test and recites the surprising fact that there are no data given by other observers with which to compare the results of Franz's work. No one else has so far reported an investigation into the frequency of a positive reaction to

the tuberculin test amongst apparently healthy individuals.

From these facts it seems quite fair to conclude that we have as yet far too little positive evidence upon which to base an assumption of such paramount importance as that practically every human being must be affected with tuberculosis at some period of his life.

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### NEWSPAPER MEDICINE.

Whether we like it or not, a stage in the development of the human race has come when the people must know the "whys and wherefores" of medical practice. Never before has there been such a general and widespread interest in all manner of things relating to the art of healing as at present. The lay press has not been slow to take advantage of this and all sorts of articles of a medical character constantly appear in its pages. Certain of the daily papers are said to keep a medical man regularly employed on their editorial staff to satisfy the popular craving for this style of "literature."

Whether this be true or not, it is certain that the public welfare demands that reliable and easily understood information upon matters relating to health and hygiene should be more generally disseminated. *The Journal of the American Medical Association* states that many county medical societies have instituted "press committees" that furnish the newspapers with timely articles on medical topics, which are signed impersonally.

We cordially approve of this action and suggest to the county societies in this State that they establish "press committees" whose duty it shall be to see that proper and sensible medical information be regularly sent to the lay press to take the place of the sensational and misleading matter which is now so common. Only by some such means as this can the general public be educated up to the point where they will no longer be beguiled by the wily patent medicine advertisement and the lurid announcement of the charlatan.

### DIVISION INTO SECTIONS.

The letter from the chairman of the scientific committee, which appears in this issue, explains itself. We hope that it will call forth similar expressions of opinion from others. We are aware that various influential members of the State society do not agree with our views as expressed in the last JOURNAL, and that the matter has been referred to the program committee, by a vote of the society, for report next year.

It is, however, of such general interest that it can scarcely be discussed too freely. Whatever course may seem best to, a majority of the society will be cheerfully adopted. There is much to be said on both sides. By all means let us have the opinions of as many as possible.

### MORE STATE JOURNALS.

The South Carolina, Ohio and Texas State Medical Associations have recently begun the publication of State medical journals.

So the good work goes on. We think that now one-half of the State medical societies are journalizing their transactions and expect that very soon all of them will do it. This affords a convincing proof of the great movement along the whole line toward better organization, more scientific work and a greater desire to help each other, among the 60,000 or 70,000 legally qualified practitioners in America.

We wish every one of these journals God speed, and extend to them the right hand of fellowship.

### THE PRIZE ESSAY.

It is with especial gratification that we print the announcement of the committee on the establishment of a competition for a prize of a hundred dollars, to be given to the best essay on pneumonia presented by a member of the society, before the next annual meeting. We hope that it will be very generally competed for and that work may be done on this important topic that will enrich the fund of medical lore and reflect

credit upon the members of our State society.

Let no one refuse to enter the competition because he or she is afraid someone else may do better. The true victory is not in overcoming another but in doing the best you are capable of. The preparation of such a paper can not fail to benefit anyone who undertakes it seriously. And whatever benefits any one member of the society must to that extent benefit the whole body. We hope that the committee will decide to have the successful essay read in the general session of the society, and that it and the one receiving honorable mention may both be printed in the JOURNAL.

### MARRIED.

**Benjamin Hall Searing, M. D.**, New York City, and Miss Helene Stuckle, of Montclair, N. J., June 20.

**Arthur Stern, M. D.**, of Elizabeth, N. J., was married to Miss Frances E. Getzlaff, of New York City, July 2, 1905.

**Frederick H. Pierson, M. D.**, of Cranford, N. J., was married to Miss Mary G. Kittle, of Oyster Bay, N. Y., June 20, 1905.

**Stephen J. Keefe, M. D.**, of Elizabeth, N. J., was married to Miss Julia Balen of the same town, June 14, 1905.

### OBITUARY.

**Herman A. Newbold, M. D.**, Hahnemann Medical College, Philadelphia, 1895, died at his home in Morristown, N. J., July 10, aged 30.

**J. Henry Martin, M. D.**, of West Hoboken, N. J., died at Los Angeles, Cal., July 6, 1905, and was buried at Paterson, N. J., where his widow now resides. He had gone to California for his health. He was graduated at the Baltimore Medical College in 1892. He was a member of the Society for the Relief of the Widows and Orphans of Medical Men of New Jersey.

**Charles Rulon Pittinger, M. D.**, of Newark, died in a sanatorium after an operation for appendicitis. He was operated upon on June 26th and died from embolism of the heart on July 6th. He was born in Easton, Pa., twenty-nine years ago, and was a graduate of the University of Pennsylvania. He was a member of the Essex County Medical Society and of various social and fraternal orders. He was unmarried.

**Benjamin Edge, M. D.**, died at his home in Jersey City on July 25th. He was born May 17, 1851. He received his early education at Clapham

College in England, completing his medical studies at the Bellevue Hospital Medical School, from which he graduated in 1879. In 1884 Governor Abbett appointed him a member of the State Council of Charities and Corrections, and in 1901 Governor Voorhees made him a member of the State Reformatory Commission.

He was a member of the Hudson County Medical Society and of the American Medical Association.

## In Memoriam.

GEORGE O. CUMMINGS, M. D.

By Henry W. Kice, M. D. and, J. Willard Farrow, M. D.

**Dr. George O. Cummings** was born near Vienna, Warren County, N. J., January 1, 1843, and died in Dover, N. J., February 14, 1905. He was the son of Johnson J. and Matilda W. (Emery) Cummings, who were natives of Warren County and were of noble German ancestry. They were devout Christian people and prominent citizens. The doctor was well born, well bred and well educated. His preliminary education was obtained in the local district school, afterwards in Pennington Seminary and Wesleyan University. He completed his studies in the University of Pennsylvania, receiving the degree of Doctor of Medicine in 1868.

He began practice in Hackettstown, remaining there only a year, when he moved to Dover and had been in active practice in that town for nearly forty years when he died.

He was twice married. His first wife was Hattie R. Wade, of Hackettstown, who died in 1876. He married again in 1903. His second wife was Miss Addie Lanterman, of Dover, who survives him. He leaves no children.

In his manner he was quiet and reserved. He was a good student and a man of strong convictions. He took no prominent part in politics but generally affiliated with the Republican party. Seldom did he mingle in affairs outside of medicine. His life was spent in the faithful and conscientious practice of his profession. His practice covered a large field, and he maintained to a marked degree the love and esteem of his patients.

Not only was Dr. Cummings attentive to the duties of his daily life, but he aimed at a high standard of morals, connecting himself with the Methodist Episcopal Church in his boyhood days; he remained a faithful member of the First Methodist Church of Dover for many years. Well may it be said of him that he went about doing good, and that in early life he heeded the counsel of the Great Physician: "Seek ye first the Kingdom of Heaven."

The executive council of the New Jersey Sanitary Association held a meeting at the New Monmouth, Spring Lake, N. J., on July 6th to arrange for the annual meeting, which will take place at the Laurel in the Pines, Lakewood, December 8, and 9, 1905. Twelve members of the council were present, and an especially interesting program has been arranged.

## State Society Notes.

### PRIZE ESSAY.

This prize was instituted by the Medical Society of New Jersey at the annual meeting in 1905, and is open for competition to the members of the Component (County) Medical Societies.

The subject chosen is "The Symptoms, Etiology, Pathology and Treatment of Pneumonia."

The essays must be signed with an assumed name and have a motto, both of which shall be enclosed in a sealed envelope containing the author's name, residence and component society.

The essay shall contain not more than 4,000 words, and must be characterized by originality in investigation and thought, and by clearness and conciseness of expression, and be, in the judgment of the committee, of decided value to the members of this society, and to the profession generally. Failing in these respects, no award will be made.

The essays, which should be type-written, with the sealed envelope, must be placed in the hands of the committee on or before the first day of May, 1906.

The committee will select the first two essays in order of merit. To the first will be awarded the prize of one hundred dollars, to the second that of honorary mention.

The unsuccessful authors will receive back their essays upon their identification to the chairman of the committee. The successful essay will be the property of the society and be published in its transactions.

CHARLES J. KIPP, Newark, *Chairman.*

WALTER B. JOHNSON, Paterson.

DAVID C. ENGLISH, New Brunswick.

*Committee.*

### AN ALPHABETICAL LIST

*Of all the members is now being prepared by Dr. D. C. English. Every effort should be made to have it absolutely correct.*

*Every one is hereby enjoined to report at once any error in his name or address to Dr. D. C. English, P. O. Box 83, New Brunswick, N. J.*

*The minutes of the annual meeting of the State Society and the alphabetical list of the members may be expected with our September issue.—(Ed.)*

The United States Supreme Court has decided that a compulsory vaccination law is constitutional.



## TENEMENTS.

The State Board of Tenement House Supervision of New Jersey has reason to be proud of the record it has made during the first twelve months of its existence. During this time it has assumed control of the tenement houses, old and new, throughout the state and the inspection of all plans for proposed tenement houses, the latter being defined as a single building housing more than two families. According to the report of the secretary,\* more than three thousand notices of violation of the law have been served on landlords, all of which have been obeyed. Plans for buildings representing over three and a half millions' expenditure have been approved, and 25 per cent. of all plans examined rejected. All this has been accomplished with only one resort to the courts, the serving of a peremptory order with a notice of the penalty following non-compliance having been sufficient in all the other cases. Incidentally, the board has been a valuable aid to health officials in small communities, hampered in their efforts by the fear of offending local politicians.

The most valuable part of this report to the public outside of New Jersey is the statement made in regard to the conditions found to exist in small cities and rural communities in that state. When the law which created this board was framed, objection was made to the extension of its authority over small towns and boroughs, where, it was argued, conditions did not require such supervision. The board has discovered, however, that bad housing conditions are not confined to the large or even the second-class cities, but are surprisingly numerous in places where land is abundant and cheap and where the only excuse for overcrowding is the greed of the landlord and the ignorance and low standards of the foreign immigrant.

Tenements designed for from six to ten families were found in process of construction in small towns or at the edge of cities where there was no proper sewer or water supply, the landlord striving to reproduce in a region of ample space the conditions to be found in the old and crowded quarters of our city slums. In other instances, old residence houses were being remodeled to make them accommodate several families, with utter disregard of such factors as light, air and privacy. Mr. Allen states that "privy vaults filled to overflowing, cellars and outhouses reeking with filth, sleeping rooms unlighted and unventilated, all are to be found in sections of the state where land is cheap and where there would seem to be no excuse for the people living in herds." Attractive, prosperous little cities like Plainfield, the Oranges and Montclair were found to contain such "slum" conditions.

What is true of New Jersey is certainly true of many other states. The housing problems of our great cities are so enormous, the conditions there so spectacular, that they tend to blind us to the evils, slighter in extent, but identical in character, which are to be found in small cities and even in villages where large factories have been built. We venture to predict that there are few small cities or towns which will not be found to contain their own "slum" districts if careful search be made; and these slums are a serious menace to the health and morals of any community. No evil is more insidious in its onset than the unsanitary, overcrowded tenement, none more easy to prevent, none more difficult and expensive to eradicate

after it has gained a firm hold. New Jersey is to be congratulated on the vigorous opening of her campaign for improved housing conditions.—*Journal American Medical Association*.

\*"Housing in the Smaller Municipalities," Charles J. Allen, Charities, May 6, 1905.

## DAMAGE SUIT IN THE PROFESSION.

The *Progres Medical* quotes a daily paper to the effect that for nearly a year the wealthy families of Berne have been receiving anonymous letters denouncing two of the best known physicians of the city with specific accusations. The two physicians suspected a certain confrère of the slanders, and sent a young man to offer him a lot of fine writing paper at a very low price. The paper had a private mark on it, and it was not long before the anonymous letters were found to be written on this very paper. The two physicians brought suit against the offender and he confessed at once and settled the damages for \$20,000. The two physicians divided this sum among three local charitable institutions.

## WASTING MATERIAL.

Dr. Osler, at a farewell dinner given him by some 500 physicians of this country and Canada on May 2d, called attention to a general condition which has been pointed out, so far as its local application to San Francisco is concerned, in the pages of the *Journal*. He referred to the tremendous waste of clinical material in this country. In almost every town and city of over 50,000 inhabitants, one will find a hospital; yet in very few instances are these hospitals being used by physicians as they should be used: very seldom is the clinical material at hand put to anything like its proper use. And so it is in San Francisco. Hundreds of physicians in California go to San Francisco during each year, and would be delighted to have the privilege of seeing some of the large amount of very interesting and valuable clinical material in the various hospitals and clinics of that city. There is no reason why they should not; doubtless the chiefs of these clinics would be glad to have their out-of-town brethren see what is going on, and profit by the study of this material. Apparently it is only necessary to overcome a certain amount of inertia in order to bring the two elements together. Can it not be done?—*California State Journal of Medicine*.

**The New Jersey State Charities Bill** has been signed by Governor Stokes. This creates a commissioner of charities and correction, for a term of three years, at a salary of \$3,000. The appointment is to be made by the governor with the approval of the Senate. The new department will have power to inspect all institutions of the State which receive money from the State Treasury, and at the request of the governor, it may investigate the management of all State institutions. All plans and specifications for new State buildings or for additions to present buildings will be prepared by this department, which is also to pass upon the necessity for new buildings or additions.

The Veterinary Association of New Jersey held their semi-annual meeting at Washington Park on July 13th and 14th.

## SCHOOLS FOR SANITATION.

TRENTON, July 8.—The State Board of Health has just issued the following bulletin on "Sanitary Inspection Service":

"In New Jersey there are about 450 sanitary districts, and the local authorities in each district are empowered to take active measures for the protection of the public health, but in only a small number of these districts is an inspector employed who has received instruction in the art of public hygiene. Carpenters, masons, bakers, plumbers, painters, all find it necessary to undergo a period of training before they can ply their various trades in a workmanlike manner, and before they can become proficient in the department in which they desire to labor, yet a novice in sanitation, usually a man who has had no previous acquaintance with the recognized measures for the protection of the public health, has heretofore been the only available agent to perform certain duties which, if well done, may save human lives, but if unskilfully performed, invite and often insure the spread of diphtheria, scarlet fever, smallpox and other communicable affections, and lead to needless suffering and premature death. The laws give to local boards of health authority to take action fully commensurate with the gravity of the public interests which they are appointed to conserve, but there the legislative control ceases, and each community in New Jersey is left to solve its hygienic problems for itself."

## YOUNG AT 101 YEARS.

Mrs. Ann Betts celebrated the 101st anniversary of her birth on October 6. At the same time her nephew, Alfred Speer, of Passaic, celebrated his eighty-first birthday. She was a twin sister of Mr. Speer's mother, and was born on a farm on Long Island on October 6, 1803.

Mrs. Betts is in the best of health, with the exception that her eyesight is gradually giving out. She attributes her long life to the great amount of good wine she has consumed. Mrs. Betts' husband, Joseph Betts, was a musician in the American army under Captain Jonathan Brooks in the War of 1812. Mrs. Betts enjoys the distinction of being one of the two remaining pensioners on the rolls of the government for that war. Alfred Speer, her nephew, is the oldest newspaper man and wine maker in this State, and in spite of his many years is as hale and hearty as a man half his age.

## A SIMPLE TEST FOR ALBUMIN.

There has been much demand among physicians for a safe and practical test for albumin in the urine, applicable at the bedside, or, at any rate, at the patient's home. For this purpose there is nothing better than the sulpho-salicylic acid reaction; the physician may carry in his pocket or medical case a small vial of dry crystals of this acid.

To apply the test, says the *Illinois Medical Journal*, one simply drops a few crystals of the acid into a little fresh acid urine, and shakes. If albumin be present, a precipitate will be formed or the urine will become turbid; even if only a trace be present the urine will gradually become opalescent.—*Medical Standard*.

## THE SENATE PLOT AGAINST PURE FOOD.

In a paper in May *World's Work* entitled "The Senate Plot Against Pure Food," Edward Lowry says: "A pure-food law will be introduced immediately after the opening of the next session of Congress, and its friends will put aside all other legislative business until their pet project has come to a decisive vote." In addition, he presents facts to spur us to every effort to see that there are enough votes to pass the bill. Opposed to the bill in the Senate were Aldrich and Wetmore of Rhode Island, Hale and Frye of Maine, Kean of New Jersey, Penrose of Pennsylvania, and some southern senators. The Illinois and Michigan senators straddled. Mr. Lowry gives some explanations of the action of the opposing senators, and one anecdote we must quote in full:

"One afternoon at a hearing before a committee of the national House of Representatives a man in the rear of the crowded chamber came forward and asked to be allowed to speak on the bill under consideration. Apparently, none of the lawyers or representatives of manufacturers who were present knew him.

"'Whom do you represent?' asked the chairman of the committee.

"'The people,' was the unexpected response.

"'What people?' asked the chairman, incredulously.

"'The people of the United States.'

"The congressmen burst into open laughter.

"'I am sorry we can't spare you any time,' began the chairman, curtly. 'We have a number of gentlemen here representing special interests affected by this bill, and we must devote what time we have to them.'"

The medical profession is not a "special interest" by any means, but the next Congress will find that medical men are especially interested in the attitude of every senator and representative toward the pure-food movement. See your senator and congressman this summer and plainly state that you expect them to vote for pure food. The "special interests" are active every minute and they have great resources and much influence. The field staff of our campaign is ready and equipped for the fray. It merely remains for each one of us in the ranks to do his duty.—*Journal A. M. A.*

**A Large Family in a Year**—The Munich *Neueste Nachrichten* is authority for the statement that a certain Frau Hilgen, of Trostberg, in Bavaria, has borne no less than six children in one year. She was delivered of triplets in January, 1904, and bore triplets again the following December.

"Smoothleigh is certainly the politest man I know."

"What makes you so positive?"

"He's pretending he's cured of his dyspepsia so as not to hurt his doctor's feelings."—*Town Topics*.

**Dr. Lucius F. Donohue**, of Bayonne, sailed for Europe on July 11th, where he will tour the continent with his family in an automobile. The trip will last about two months.



## PREMENSTRUAL PREGNANCY.

It is generally admitted that ovulation and menstruation, while coincidental, are not interdependent, the former, in fact, occurring periodically for some time prior to puberty, while the latter constitutes the final sign of sexual maturity. Accordingly, impregnation may take place before the advent of menstruation, and instances of this character, while unusual, can not be considered as extraordinary. Dr. A. W. Addinsell reports that a 13-year-old girl was delivered of a 7-month's still-born child, although she had never menstruated or previously presented any other outward sign of sexual maturity. He also refers to the case of a girl who gave birth to a child at the age of 9 years and to similar cases in girls of  $11\frac{3}{4}$ , 12 and  $12\frac{1}{2}$  years, but who had previously menstruated. He further calls attention to the fact that maternity before the advent of menstruation is not uncommon in Central Africa and in certain districts in India. Dr. Addinsell compares menstruation to a pathologic process, and he believes it probable that primitive woman never menstruated, at any rate not as menstruation is understood to-day.—*Journal A. M. A.*

The *Sunday Call* asserts that much cocaine is sold in Newark on "fake" prescriptions written by laymen and that these can be easily detected if the druggists were not so anxious to make the sale.

It would seem that both buyer and seller under such circumstances are amenable to the law.

## SALE OF WATER ILLEGAL.

Governor Stokes has signed the bill making illegal the sale of the New Jersey potable water to the State of New York. The claim was made by citizens along the Passaic river that if the sale was allowed the river would be pumped dry, and they asked the Governor to sign the bill.

## QUACK ADVERTISEMENTS BARRED.

The Boston Herald has recently announced that it will in future exclude from its columns all advertisements of patent medicines and venereal quacks. It is to be hoped that the support which this course will receive from decent-minded folk will encourage other journals, religious and secular, to do the same.—*Medical Record.*

## A PHYSICIAN'S GIFTS TO HIS PATIENTS.

Dr. George W. Little, of Glens Falls, N. Y., has reversed the usual current of Christmas gifts by presenting to each of his patients a souvenir silver spoon. The spoon is ornamented with a medallion relief of the donor, and bears the inscription: "Dedicated to the patients who have survived my practice."

The New Jersey State Dental Society held their annual meeting at Asbury Park last month. The sessions passed off successfully, closing with a banquet.

Dr. Joseph E. Duffield, of Camden, was elected president, and Dr. Charles E. Mecker, of Newark, was re-elected secretary for the thirty-sixth consecutive time. Dr. Charles S. Stockton, of Newark, was recommended to the Governor for a member of the State Board of Examiners.

WHAT MILLIONAIRES CAN HAVE—  
DIA-PED-ES.

"———", . . . worth several millions of dollars, . . . came here . . . to recover from an attack of diabetes in the right foot."—*Atlantic Review*, Atlantic City, N. J., June 10, 1904.

## GEN. KUROPATKIN'S GIFTS TO MEDICINE.

The Military-Medical Academy at St. Petersburg has recently installed a portrait of its honorary member, General Adjutant Kuropatkin, in the main hall as a token of gratitude for his gifts. The academy owes to him the remodeling and enlargement of several of its scientific departments and institutes.

## SANITATION IN MEXICO.

President Diaz, in his annual message, reports the gratifying result of the sanitary campaign against yellow fever, and states that there has been no recurrence of the disease in epidemic form during this year.

## FIGHT FOR PURE DRUGS.

The members of the Retail Druggists' Association of Chicago, at a recent meeting, passed resolutions expressing regret that certain pharmacists have been inexcusably careless (sic) in selling spurious drugs. They also pledged themselves to co-operate in prosecuting druggists who in the future dispense chemicals of an inferior quality.

Dr. J. E. Huff has been re-elected almshouse physician in Camden County and Dr. J. Anson Smith, physician at the insane asylum.

Dr. R. H. Parsons has been elected asylum physician in Burlington County and Dr. Clark B. Sitgreaves, almshouse physician.

## CASE OF WATER ON THE KIDNEYS.

"Dr. — died at his home \* \* \*. The cause of death was aqueous Bright's disease."—*New Bedford (Mass.) Standard*, March 9, 1905.

## QUEER TWINS.

Canada physicians are considerably puzzled over the case of a Mrs. Day, who has given birth to twins, one being white and one black. You never can tell what a Day may bring forth.—*Medical Standard.*

## RECTAL EXAMINATIONS.

Don't fail to make a digital rectal examination in cases of appendicitis and in all ailments when the diagnosis is obscure. Nor should it ever be omitted before an operation upon anal disorders. It may save the embarrassment of a subsequent discovery that a patient's hemorrhoids, for example, were but an expression of a carcinoma higher up in the rectum.—*Am. Jour. Surg.*

## NOT A GOOD FIT.

Customer: "That coat is not a very good fit, Einstein."

Einstein: "Vell, vat do you expect for five dollars? An attack of epilepsy?"—*Medico-Chirurg. Journal.*



**Erratum.** In the summary of the report of the Society for the Relief of the Widows and Orphans of Medical Men of New Jersey for the past year, given in the JOURNAL for June, the number of deceased members was given as thirteen. It should have been six.

**Famous Witch Doctor Dead.**—"Dr." Joseph H. Hagemann died at Reading, Pa., on June 19, at the age of seventy-three. He was a famous witch doctor, whose charms and incantations were sought for sickly infants and ailing farm animals alike. He enjoyed an immense practice and was one of the celebrities of his neighborhood. He dealt in charms calculated to cure the diseases of both man and beast.

**Unable to Starve, so Starved.**—Frau Liza Schenk, a professional faster in Hamburg recently committed suicide by hanging because she was starving owing to her failure to get fasting engagements.

**Dr. and Mrs. Abraham M. Cary,** of New Providence, celebrated their golden wedding recently.

**Dr. Edgar Allen,** of Bloomsbury, has been appointed surgeon to the Lehigh Valley railroad.

There were over 1,000,000 deaths from bubonic plague in India last year. None of the efforts made to arrest the progress of this terrible scourge have so far been of the least avail. Outbreaks of the disease have been reported in Japan, Siam and Amer. It is said to be dying out in Arabia.

A man died in Memorial Hospital, Orange, from hydrophobia recently. He was bitten in the face by a rabid dog five or six months ago.

Governor Stokes has appointed Dr. Frank C. Henry health officer of the port of Perth Amboy. The post pays \$1,000 or more a year. Dr. Henry is the assemblyman who introduced the anti-toxin bill in the legislature.

A suit for damages for alleged malpractice has been decided against Dr. Charles F. Snyder of Madison, and the doctor has been sentenced to pay \$500.00 to his former patient, the plaintiff, and \$200.00 to her husband, for the loss of her services.

According to the newspapers, the State of Missouri boasts of counting amongst its inhabitants the youngest grandmother extant. She is thirty-four years old, has been divorced twice and has two grandchildren, the elder being a child of three. She was married at thirteen and has a married daughter twenty years old.

The following figures show the death rate from consumption amongst every 100,000 persons between the ages of fifteen and forty-five in the year 1900: Negroes, in the United States, 584; Ireland, 428; Bohemia, 235; Scandinavia, 234; France, 221; Germany, 206; Scotland, 201; Canada, 200. Native born whites: United States, 163; England, 151; Italy, 150; Russia, 131; Hungary, 113; Poland, 67.

**Borrowing Trouble.**—*The Medical Record* says that the Jersey City officials are getting worried over the transportation of patients from New York City to the sanatorium for consumptives, about to be opened in Orange County, N. Y. At a recent meeting of the Jersey City Board of Health a resolution was offered regulating the movements of consumptives while passing through that town. The resolution requires railroads transporting these patients to carry them across the river in boats specially set apart for their use. They will be forbidden to make their way to the trains through the ordinary station rooms or passage-ways or to ride to or from the sanatorium in the ordinary passenger trains.

#### THE NEW JERSEY VILLAGE FOR EPILEPTICS.

The seventh annual report of this institution has just been published. It states that the health of the inmates has been good and that they have been happy and contented. The number of epileptic seizures amongst them is recorded by months and shows a marked decrease for the year ending November 1st, 1904, as compared to the preceding twelve months. The monthly average being, for males and females respectively, 307 and 245, as against 366 for each sex the previous year notwithstanding the increased number of patients. There are now 93 inmates, three having died and six been discharged during the year. The capacity of the village will soon be considerably increased as new buildings are in process of erection. Money for this purpose having been appropriated by the last Legislature. The capacity of the institution will be raised to 300 by this means.

Efforts for more extended study of the disease and new and more complete methods of treatment are being made.

Office of publication, 704 Broad St., Newark, N. J. Communications relating to the business of the paper, advertisements and subscriptions may also be addressed to WILLIAM J. CHANDLER, M. D., South Orange, N. J.

Address all papers on medical subjects, all news items, and all books for review to RICHARD C. NEWTON, M. D. 42 Church Street, Montclair, N. J.

The JOURNAL will be glad to print original papers from any source preferably from members of the State Society provided that they shall be of sufficient merit and shall be contributed to this paper exclusively.

Anonymous communications will not be published, but the name of the author of a communication will be kept secret if the editor is requested to do so.

The Medical Society of New Jersey does not hold itself responsible for the sentiments expressed by the authors of papers.

It will be satisfactory to all concerned if authors will have their contributions typewritten before submitting them or publication. The expense is small to the author—the satisfaction is great to the editor and printer. We can not promise to return unused man script.

Authors may obtain reprints of their papers at cost provided a request for them be written on the manuscript.

Matter received after the 20th of any month can not appear in the next issue of the JOURNAL.

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## PROPHYLAXIS IN GYNECOLOGY.\*

By George H. Balleray, M. D., Paterson.

In other branches of medicine great progress has been made in the way of prophylaxis, but in gynecology almost nothing has been done. At first sight, it may appear as though gynecology offered but a very limited field for this beneficent function. But in reality such is not the case. The writer wishes to say at the outset that in his opinion forty per cent. of the cases which fall into the hands of the gynecologist are suffering from lesions of the generative organs which could have been prevented. About forty per cent. of all gynecological cases have their origin in lesions connected with the puerperal state. Thirty per cent. are due to gonorrhoea, and the remaining twenty per cent. are due to criminal abortions, errors in dress, occupation and exposure to cold during menstruation, etc. Prophylaxis in gynecology should extend from childhood to the menopause. The girl should not be treated like a hot-house plant. She should have an abundance of fresh air and sunlight. Daily exercise in the open air should be insisted upon. Her clothing should be loose so as to allow free play to all her organs, and her shoes should have good, substantial soles and broad heels. The diet should be nutritious and digestible; pastry and tea and coffee should be prohibited. As the period of puberty

approaches, additional safeguards should be thrown around the future woman. She should have abundance of sleep and her studies should be regulated so that her nervous system shall not be overtaxed. At this period of her life, the girl should be instructed in regard to the physiology of her generative organs. The false modesty of parents and guardians is responsible for a large share of the pelvic troubles which occur in young women. After the menses have appeared the girl should be cautioned against exposure to cold and dampness during the whole period. The damnable feature of all our educational institutions for young women, to say nothing of coeducational establishments, is that no cognizance is taken of the fact that during one week in every four the young girl is incapacitated for severe mental labor; the standard is set and the girl must conform to it *coute qu'il coute*. The result is that after graduation parents often find that their daughter has exchanged the glow and hue of health for a headful of *inaccurate* information and an endless variety of pains and aches.

At this period of her existence the girl becomes a victim to the prevailing fashions in dress. Her clothes are not made to fit her, but she is made to fit them. Her feet are forced into shoes two sizes too small for her, and to add to her suffering and increase the awkwardness of her gait, these shoes have very narrow toes and heels an inch and a half high and of the diameter of a five cent piece. This utter disregard for the eternal fitness of things does not stop at

\* Read at the 139th annual meeting of the Medical Society of New Jersey.



the feet; the poor victim's thorax and abdomen are encased in an unyielding cuirass,—that invention of Satan commonly known as the corset—which interferes with the action of the heart and lungs and forces the abdominal organs out of their normal relations. With such unnatural garniture of her person the girl is compelled to stand for hours in the recitation room, factory or shop, and it is not to be wondered at that pelvic diseases in young unmarried women should be of frequent occurrence. The pelvic congestion resulting from this unnatural mode of dress is aggravated by the long maintenance of the upright posture, and thus we have catarrhal endometritis, salpingitis, ovaritis and uterine versions and flexions. These abnormal conditions give rise to pelvic pains, leucorrhoea, menorrhagia and sometimes metrorrhagia, and if these symptoms continue long unrelieved anaemia and neurasthenia are sure to follow in their wake. At this stage, if the patient is not judiciously treated, she may drift into chronic invalidism or become a victim of the drug habit.

The relation of dress to diseases of women is a very important subject, but unfortunately the medical profession gives it very little attention. Patients are treated every day for diseases due to faulty methods of dress, but the cause of the ailment is not recognized and consequently no effort is made to correct the vicious habits which are the *fons et origo mali*. Dame Fashion is responsible for a large share of the diseases of women. She is justly entitled to share the honors with gonorrhoea and criminal abortion; for the evil which she does is more widespread, though not as dangerous to life. The corset is an abomination. Like charity, it may cover a multitude of sins, but the sins which it covers are not as great as the evils which it produces. Constriction of the liver (the "Schnür-leber" of the Germans) movable kidney, gastropotosis, enteroptosis, prolapse, retroflexion, latero-flexion and extreme antelexion of the uterus are some of the evils directly chargeable to this article of female wearing apparel. Innumerable other ailments are produced by wearing a tight corset: gastric catarrh, gastrodynia, so-called nervous dyspepsia, flatulence, constipation and general neurasthenia from malnutrition arising from constant pressure on the solar plexus. Gastric ulcer, in the opinion of the writer, is generally the result of wearing a tight corset. The pressure of the corset lowers the vitality of a

certain area in the stomach wall upon which the hyperacid gastric juice exerts a destructive action and gastric ulcer is the result. As is well known, gastric ulcer is *par excellence* a disease of female domestic servants—tea drinkers who wear tight corsets. The writer has seen several patients of this class who had been brought to death's door by repeated profuse gastric haemorrhages, make a prompt and permanent recovery under the influence of rest, rectal alimentation for a time, and later a careful regime as regards diet and giving up, absolutely, the wearing of corsets and tight skirt bands.

Mitchel Bruce in the article on gastric ulcer in his priceless book on Practical Medicine says: "It would be well for housemaids who do so much of their work in a stooping posture to avoid the pressure of corsets which might injure the stomach." It would have been well for the victims of this distressing malady if that intelligent observer, excellent teacher and wise practitioner had been a little more emphatic on this point.

Patients suffering from all sorts of ailments due to tight corsets have consulted all sorts of practitioners and received all sorts of opinions—the diagnosis and treatment varying according to the idiosyncrasies of the doctor. Some have had their kidneys sewed up (nephorrhaphy); others have had their uteri stitched to their abdominal walls (hysterorrhaphy), and others have had their stomachs laundried (gastric lavage) at regular intervals for weeks or months for ailments which would have yielded promptly to removal of the real thorn in the flesh—the tight corset. When these patients have gone from one doctor to another for a long period the condition of many of them resembles that of the woman referred to in the Bible: "She had suffered many things of many physicians and had spent upon them all that she had and was no better, but rather worse."

This is not to be wondered at in view of the tendency of many so-called specialists to view everything through their own spectacles and consider everything grist which comes to their mill. Time was when a specialist in medicine was a man who, having devoted many years to the study and practice of general medicine or surgery, selected some department of practice for which he had special taste and a special aptitude. The "specialist" of to-day is often a man who knows nothing outside of

his own specialty and not any too much about that. In view of this fact the time is at hand when the patient should seek relief at the hands of the intelligent general practitioner, who has no hobby to ride and is not swayed by all the fashionable fads which obtrude themselves from time to time into the practice of medicine. For, as my dear old teacher, the late Dr. Alonzo Clark, once said to his class: "Gentlemen, there are fashions in medicine the same as in women's dresses, and our fashions make just as big fools of us as their fashions do of them."

The writer has been consulted by patients who had been operated upon for movable kidney or obstinate retroflexion of the uterus and obtained no permanent relief. On examination he has found that the displacements for which they were operated upon had recurred and in every such instance the patient was wearing a tight corset or tight skirt bands and had never been told by the operator that constriction of the waist was to be avoided. Could anything more stupid be imagined? He has also been consulted by patients, suffering from retroflexion of the uterus, who have come to him wearing pessaries. The word "pessaries" is used, for although in most of the cases the patient was wearing only one pessary, on one occasion a woman came to consult him who was actually wearing two Hodge pessaries. The patient said that she had suffered much discomfort, but that the doctor had told her that she must wear both, as one pessary "did not keep the womb up." In all these cases it was found that the retroflexion had never been reduced and that a portion of the body of the uterus was caught between the transverse bar of the pessary and the sacrum, and the pessary had always caused great discomfort in every case and actual pain in many. In every instance the patient was wearing a tight corset, tight skirtbands and carrying the whole weight of her skirts suspended from her waist. It is hard to believe that such ignorance could prevail in a so-called learned profession; and if one did not know the contrary he might think that Puck had this class of practitioners in mind when he exclaimed: "Lord, what fools these mortals be."

As already stated, excluding new growths, about fifty per cent. of gynecological cases have their origin in accidents incident to labor or abortion. Puerperal sepsis, when not directly fatal, frequently leads to chronic invalidism, owing to the

matting together of the pelvic organs—the result of septic inflammation. It, therefore, behooves us to prevent sepsis by the adoption of the most rigid antiseptic precautions both before and after labor. The health of the woman during pregnancy should be maintained at its best in order to increase her resisting power and thereby diminish the chances of septic infection. The routine preparation of a patient in labor should consist of washing the genitals and cleansing them in the following manner: Two teaspoonfuls of a mixture of one part of creolin to two parts of tincture of green soap to a quart of water, should be prepared. This solution should be used both as a wash for the external genitals and as a vaginal injection. This should be followed by the use of a solution of hyd. bichlor. 1-5000, and this should be followed by plain sterilized water to obviate mercurial poisoning.

As few examinations as possible should be made during labor, and such examinations as are necessary should be made with absolutely clean hands. Every precaution should be taken to avoid laceration of the genital tract. The patient, in normal labor, should be delivered on the left side, as lacerations of the perinaeum are much more frequent when the woman is delivered in the dorsal decubitus. All lacerations of the vaginal walls and perinaeum should be repaired *immediately*; so as to diminish the number of avenues of infection. Lacerations of the cervix not extensive enough to require tamponade to arrest hemorrhage should be let alone; they invariably heal under the influence of rest and cleanliness.

The placenta when not expelled normally should be expressed by Crede's method. The placenta and membranes should be carefully examined under water to make sure that no portion has been left behind. After the expulsion of the placenta a hot vaginal douche of sterilized water should be given. Firm contractions of the uterus should be secured immediately after delivery to guard against the more or less free oozing which will almost certainly occur if the uterus remains in a flabby state. Twenty-four hours after delivery a large vaginal douche of hot sterilized water should be given, and this should be followed by a solution of boracic acid. This douche should be repeated daily as long as the patient remains in bed. How long should the patient remain in bed? At least two weeks after normal labor and longer

if the labor has been a difficult one and attended by lacerations of the genital tract. If a woman who has sustained a laceration of the cervix uteri or perinaeum during labor arises too soon after delivery, when the uterus is still large, the ligaments relaxed, and the vaginal walls flaccid and distensible, the heavy uterus sinks in the pelvis, dragging down the vaginal walls with it. The lips of the laceration of the cervix are drawn apart and if the woman walks or assumes the erect posture, the uterine mucosa is abraded by attrition against the vaginal walls. If the patient puts on a corset and allows her bowels to become constipated the uterus is forced further down in the pelvis and retroversion or retroflexion results. The backward displacement of the uterus increases the passive congestion, and catarrhal endometritis, salpingitis and prolapse of the ovaries occur.

This chain of evils could have been prevented by breaking the first link by the repairing of the lacerated perinaeum. The patient should then have been kept in bed for three or four weeks, during which time large, hot vaginal douches should have been used three times daily. Under this treatment, involution of the uterus would have proceeded to completion; the tear in the cervix would have been healed and the dilated, subinvolved vagina would have returned to its normal condition. All this having been accomplished by rest and the use of hot douches, the patient could have been allowed to go about her usual duties, the only restriction imposed upon her being that she should not wear a corset. Her bowels should be kept regular and the weight of her skirts should be carried on her shoulders instead of being hung from her waist.

Every woman should be examined by her attendant four weeks after labor to ascertain whether or not a lesion of the genitals exists. If one is detected it should be repaired without delay, to prevent the evils which will almost certainly follow if this is not done. Douching after labor should be the rule. It favors involution and heals lacerations of the cervix. Ninety-five per cent. of recent cervical lacerations will heal completely in four weeks under this treatment, if the patient maintains the recumbent posture. Lacerations of the cervix do not differ from wounds in other parts of the body. The surgeon does not expect his wounds to heal if continually bathed in decomposing discharges and why should the obstetrician

expect a torn cervix to heal if constantly steeped in a puddle of stinking lochia?

If the obstetrician can be made to see his duty and perform it, the work of the gynecologist will be very materially diminished, and the female portion of suffering humanity correspondingly benefited.

Gonorrhoeal infection is responsible for a large proportion of the most dangerous lesions of the female pelvic organs. It is, therefore, of the greatest importance that all cases of specific vaginitis and vulvitis should be promptly and efficiently treated in order to prevent the extension of the infection to the uterus and fallopian tubes. With this end in view, the patient should be subjected to energetic treatment. She should, if possible, be confined to the recumbent posture; the bowels should be regulated by salines, and the diet should be light and non-stimulating. Large hot vaginal douches consisting of the creolin mixture above referred to, followed by two quarts of a solution of hyd. bichlor. 1-3000. This should be followed by two gallons of sterilized water at a temperature of one hundred and twenty degrees. These douches should be repeated every four hours. After the first five days the douches may be given three times daily for ten days longer. Very few cases will resist this treatment if persisted in, and there is no danger from the mercurial solution if it is immediately followed by plain hot water.

The reason why so many cases of gonorrhoeal pyosalpinx, requiring operation, are met with is that gonorrhoea in the female is frequently not recognized by the practitioner, and even when correctly diagnosed it is treated in such a slipshod manner that infection goes unchecked until the uterus, tubes and ovaries are involved in the infective process. The writer has seen four deaths from purulent peritonitis the result of gonorrhoeal infection. In these cases it would seem that nature failed to close the fimbriated end of the tubes by the effusion of plastic lymph and the infection had traveled directly to the peritoneum.

The deep pelvic lesions resulting from gonorrhoea entail a vast amount of suffering, and if the patient is not promptly relieved by the surgeon's knife she drifts into a condition of chronic invalidism and often becomes a victim of the opium habit. Such being the fact, it is plainly our duty to attack the disease with energy when still confined to the vaginal walls and portio-vagin-



alis; here "an ounce of prevention is worth a pound of cure."

### Summary.

Prophylaxis in gynecology demands that our girls shall be properly fed and clothed, take sufficient exercise in the open air and receive proper instruction in regard to the functions of their generative organs. It demands that our women shall receive proper treatment during pregnancy and labor. It demands that all lesions of the genital tract occurring during labor, shall be promptly and skilfully repaired, in order, as far as possible to close all avenues of infection during the puerperium and prevent the prolapse of the pelvic viscera which follows almost to a certainty, in all cases of neglected laceration of the pelvic floor.

The repair of lacerations of the cervix at an early date, will prevent erosions, cervical and corporeal endometritis, subinvolution, versions, flexions and catarrhal salpingitis; and cancer of the cervix will be almost unknown. Preventive gynecology demands that gonorrhoea in the female shall be promptly and efficiently treated in the early stage to prevent its spread to the deeper organs of the pelvis. It demands that a sensible hygienic mode of dress shall be substituted for the fashionable abominations with which the modern woman is prone to constrict, hamper and deform her person.

It demands that medical students shall have an opportunity to study gynecology clinically—that is at the bedside—not from the last row of benches in the amphitheatre of a hospital with the patient at such a distance as to require the use of an opera-glass.

Finally, it demands that the rank and file of the medical profession shall be imbued with the desire to acquire a practical knowledge of the diseases of women, in order that the family physician may be able to detect early all conditions requiring operative interference and refer the patient to a skilful operator, and, at the same time shall have sufficient confidence in his own judgment to oppose the present tendency to the performance of unnecessary, mutilating operations in cases in which they are not indicated.

When this shall have been accomplished the general practitioner will find that he has been restored to the honorable position which he once occupied, i. e. that of a

trusted friend and counsellor; and that he can no longer be looked upon merely as a go-between to steer the patient to his favorite specialist. A more thorough knowledge of gynecology would enable the family physician to appreciate the difference between the real specialist—the honest, intelligent, well-educated, conservative man, who looks at every case with an eye single to the good of the patient—and the *soi-disant* specialist whose ignorance of pathology, of the natural history of disease and of the reparative powers of nature causes him to see in every case an indication for operation, and who is ever willing to sacrifice the interests of the patient to his own unhalloved lust of gain, or undying love of éclat.

### DISCUSSION.

**Dr. E. J. III, of Newark.**—I can endorse almost everything that the doctor has stated in his paper, but I cannot agree with him, however, on one point. It has been shown many times that pathogenic germs do not flourish in the vagina; it is, therefore, to my mind wrong to attempt to wash out germs which will produce no disturbance. In other words giving the vaginal douch directly before and after labor I cannot countenance. There are one or two things which I think important that the doctor has not touched upon. One cause of disease in the female is the attempts at prevention of conception. In the newly married it is this attempt at prevention of conception which produces most symptoms with a catarrhal discharge from the cervix and vagina. Later there is a sensitive and sometimes enlarged, later diminished, size of the uterus. Then the ovaries become implicated, may become prolapsed, large and sensitive. After four or five years of this sort of life the woman may become desirous to have off-spring and then it is found that she has become sterile as a result of her nefarious habits.

I am glad that the doctor has touched upon the injuries that are produced during labor.

I should like to call attention too to the dangers involved in the higher schools and the importance of having these girls stop their education so soon as the first symptoms of pelvic disturbances appear. As soon as she becomes irregular, or the flow is excessive, or painful, it is essential for the girl to cease her college work. Oftentimes they are stimulated to hard endeavors until finally they become wrecks.

**Dr. F. D. Gray, of Jersey City.**—I think all appreciate fully the comprehensive and excellent paper that has just been read by Dr. Balleray. It seems to me that the members of our profession are constantly endeavoring to effect measures of prophylaxis; in other words, they are trying to cut the ground from under their own feet. However, this is desirable altruism. I must take exception to the statement and its implied meaning that gynecologists and surgeons are sorry that there are not more limbs, uteri, ovaries, etc., for them to remove. I believe that the reverse is true of the majority, and we try to effect all the

conservatism we can, both as educators and as prophylactors. I had the impression that the mutilating operations had quite gone out of vogue. We remember the surgeon from Philadelphia, who, a number of years ago, went to St. Louis carrying with him a painful of ovaries with which to illustrate a paper he had to read. Today the surgeon tries to preserve for his female patient every possible part of the economy.

In my opinion douches, either antepartum or postpartum, are not only useless but harmful. I believe that it is well established that nature has provided a proper secretion for the sterilization of the female genital tract. One does not need a douche to wash away possible pathogenic germs; by using such we interfere possibly with nature's natural sterilization. In the female vagina cultures cannot be made successfully if forty-eight hours have passed after a vaginal examination. One can safely make as many examinations during labor as is deemed necessary if one sterilizes the hands as carefully as he would when he places his hand in the opened peritoneal cavity during an operation. If a surgeon's hands are septic there is trouble; if an obstetrician's hands are septic there, too, is trouble. My personal experience, in my last 1,200 deliveries, was that I had no septic case. I hesitate to make this statement because some may think it an exaggeration. The hands and instruments, if used, should be as clean as in doing laparotomies. No post-partum douches should be given unless there are positive indications. I had an experience in one case which made me fear post-partum douching. A woman died with all the symptoms of pulmonary embolism after receiving a post-partum douch which I thought was necessary. I have never given one since except under the most strict precautions, with the patient on the table so that I can see just what I am doing. It should be remembered that we can force air into the open sinuses.

I agree with the reader of the paper that all trauma incident to labor should be immediately repaired. The word immediate is often misunderstood; it should usually mean, in this connection, not ten or fifteen minutes after the labor, or on a bed with insufficient light; it is far better to wait until the day following the labor to make any necessary repairs; then one can work with more deliberation and with a good light. More than that I believe there have been many unfortunate results because the operator thought he was accomplishing what was necessary by passing a few superficial sutures, not through the thickness of the perineum. Instead of building up the perineal arch he simply builds up a skin perineum.

**Dr. Richard C. Newton,** of Montclair.—I wish to say a word regarding the young women. The trouble with the young women is that they have never been properly developed physically. They have but little muscle, and all of their tissues are flabby. When they come to middle life they take on a mass of fat and have no proper support for the body, largely because of imperfect development of the muscles of the back and legs. The use of corsets retards the development of the muscles of the back and abdomen. After these women marry they become the prey of gynecologists. Dickinson tells of peasant women who came to be treated at foreign clinics for conditions not connected with the reproductive organs with the uterus protruding from the body.

They did not come there to be treated for that condition because they were so strong that they did not suffer from it.

What Dr. Ill has said regarding taking the young girls from school upon the advent of certain symptoms I certainly endorse.

Another thing. These girls should not begin to go to school until they are at least eight years old. Children should not be forced and should not be compelled to enter the whirl of modern education at 4 or 5 years of age. So great is the rivalry in schools that when the girls of to-day find that the other girls are getting higher marks than they, they become so nervous and excited that the effect is decidedly harmful. We should fight for the better care of the physical condition of these young girls; if we do we shall see a better race of women.

It has been stated that they are handicapped because of their menstrual life. A woman certainly must take care of herself at this particular period if she intends to keep well. You cannot overcome nature although fools have tried to do so. When we conform to nature's laws then we will succeed. The manner in which women exert themselves during menstruation does harm. They try to prove to me that they can work thirty days in every month. I know that they cannot without harm to themselves.

In Germany as the result of some thousands of observations, it has been found that a large proportion of women have deflections and yet do not complain of any symptoms.

If our women had the physical endowment of foreign women and dressed and lived as simply we should hear less of uterine and nervous diseases. The higher education of women is all very well and, it can be and often is obtained without any detriment to their health. In fact a well developed and active mind is just as conducive to a long and happy life in woman as in man. But if it is attained at the cost of impaired health and a broken nervous system it is a curse rather than a blessing. I endorse all that Dr. Balleray has said against corsets and the ridiculous shoes which the misguided devotee of fashion wears and would like to thank the doctor for speaking so strongly against these abominations.

**Dr. Dowling Benjamin,** of Camden.—I wish to emphasize some of the points of the paper and the remarks of Dr. Ill in regard to the sterility of the genital tract. Many of you must have observed that cases of orchitis never get well until the discharge returns; or that their getting well was followed by discharge. In these cases of orchitis we generally find that injections have been used, and the patients thought they were getting well of the gonorrhoea. Why do patients have cystitis and internal inflammations when injections are used? The only satisfactory explanation seems to be that we do not get the antiseptic high enough up in the first place, and because we do not kill all the germs where we do get it. The foregoing remarks apply to the male, and I refer to the facts because they are generally admitted to be true and wish to claim that antiseptic and astringent injections produce precisely the same unfortunate results under like conditions in the female.

While I do not suppose any of you would doubt this, I only venture to occupy a portion of your valuable time, because I feel that the vast importance and serious consequences to our patients



of these facts are not sufficiently appreciated by us. I mean that the treatment of specific inflammation or infection in the female is a very serious and important matter, simple as it is often regarded. Unless we are very careful, the first appearance of the vaginitis is but the harbinger of endless suffering and the final abdominal section. Antiseptic douching, of course, is the only specific treatment; but if this treatment is not thoroughly and efficiently done by very frequent and careful application of the proper germicides we will be making future work for the laparotomist. "The attempt and not the deed confounds us," as Lady Macbeth remarked. "Driving the disease inward" may be an old, but it is really a true saying. The germs certainly go further up if our antiseptics is incomplete. In nearly every case of abscess or pus tubes that I see in my clinic, and where I make the inquiries, I find that the patient has been treated by the use of astringent or antiseptic injections.

I feel it my duty to call attention to this unfortunate condition in hope that we may improve upon it.

It is usual to treat the vaginitis until endometritis develops; then treat the endometritis until salpingitis sets in. But, from my own experience and observation, I am of the opinion that we can generally prevent gonorrheal salpingitis by applying strong antiseptics frequently and thoroughly to the uterine cavity from the beginning of the attack of gonorrhoea until we have freed the vagina and neighboring parts from the specific germs. If this be found true (and I have every reason to believe it at present) we may look for a great reduction of the number of grave cases of pelvic disease in the future. For the uterine canal is a narrow pass, a Thermopylae as it were, lying between the vagina and the vital parts beyond, affording us an advantageous, a strategic point to engage successfully the advancing hosts of the enemy until the danger is past.

**Dr. D. E. English**, of Millburn.—I wish to take exception to what has been said regarding the use of douches after labor. Cleanliness is absolutely necessary, but I do not use douching as a routine measure, but only for special indications. I use tincture of green soap, to which has been added ten per cent. of the stronger water of ammonia; after separating the labia the parts are washed with this, and then with bichloride solution and nothing further is done.

When a woman lies in the ordinary bed the mattress sags in the middle and thus prevents the free flow of the lochia. To obviate this I have placed beneath the hair mattress two or three leaves of a dining room table. This facilitates drainage. I also aid drainage by elevating the head of the bed from eight to fourteen inches.

**Dr. Balleray**, (closing).—I wish to thank those who have discussed my paper for bearing down upon me lightly. My own practice, however, convinces me that I am doing the proper thing and so long as I feel that way no amount of talking will influence me to change my procedure. I have never seen a patient die from sepsis when douches have been used before and after labor. But I have seen women die from sepsis when they had not been used.

With regard to what has been said about carrying germs into the uterus; in the first place we should remember that the uterus is a closed sac during pregnancy, and the chances of infection

after delivery are much less if the vaginal canal is cleaned out beforehand. The idea that every woman's vagina is a sterile region is a mistake. Investigations have proved that a large number of women in labor have already been infected with the gonococcus, the staphylococcus and the streptococcus and to wash them from the vagina is perfectly proper and right. Gentlemen, do not shut the stable door after the horse has been stolen. The danger of carrying infection with the hands is a certainty. Yes, I must admit that. But I take it that the hands of the clean physician or nurse are not likely to do this. I advocate the use of douches now as I did in the paper.

Dr. Benjamin's remarks to me are very strange, i. e. He begins the treatment at the wrong end,—treating the uterus when the vagina alone is affected. What we should strive to do is to prevent the uterus from becoming infected when the infection is in the vagina. I do not intend to invade the uterus under such conditions. I do not understand the philosophy and the practice is wrong. The danger of the infection being carried up by douching has been greatly exaggerated. In those cases of puerperal infection, which formerly occurred so frequently, I believe that the obstetrician has been derelict in not thoroughly cleansing out the uterine cavity; if that had been done the infection in all probability would not have occurred. If one leaves a piece of membrane or placenta behind the germs in the vagina will find an abundant amount of pabulum on which to live and multiply in large numbers. The statement has been made that in 85 per cent. of the cases in which infection occurs membranes or placental tissue have been left behind. If the parts were in a clean condition such infections would not have occurred. I think a great trouble is that we are apt to swallow all the things the authorities tell us and we do not think enough for ourselves.

As I have already said, I am not convinced that I am wrong and notwithstanding all that my colleagues have stated, I will continue to use these douches until my personal experience has taught me that I am wrong.

## ECTOPIC GESTATION.\*

By Edward Staehlin, M. D., Newark.

The paper will be considered under four heads. (1st) Definition and causation as cited by Kelly and other eminent authorities. (2d) The Clinical history of cases falling under my own observation. (3d) My own opinion as to the causative influence of the passage of uterine sounds and the ingestion of drastic medicines. (4th) Symptomatology deduced from the cases cited.

*Causation*.—"When the fertilized ovum is arrested at any point between the Graafian follicle and the uterine cavity, and there undergoes development, we designate the condition as an extra-uterine or an ectopic

\* Read at the 139th annual meeting of the Medical Society of New Jersey.



gestation." (Kelly's Operative Gynaecology, Vol. II, pp. 428-433.)

The ovum may be arrested within the ovary, or in any portion of the fallopian tube from its fimbriated extremity to its interstitial portion, inclusive. Extra-uterine pregnancy is primarily almost always situated in the tube, but may become tubo-ovarian, abdominal or intra ligamentous, or even uterine, in the further course of its development. Ovarian pregnancy is one of the greatest gynecological rarities.

The factors which lead to the arrest and development of the fertilized ovum within the oviduct are usually of a mechanical nature, by means of which the downward progress of the ovum from the Graafian follicle to the uterine cavity is impeded. These factors may be included under three general heads:

I. Obstacles within the lumen of the tube by means of which its calibre is diminished.

II. Diseases of the tubal walls and peculiarities in the tubal anatomy or form.

III. Factors acting externally to the tube by means of which its lumen is encroached upon or obliterated.

Particular causes are variously given by different authorities as:

I. Atresia of one tube with external migration of the fertilized ovum or the spermatozoon from the opposite side.

II. Accessory tubes.

III. Accessory ostia.

IV. Diverticula from the lumen of the tube.

V. Torsion of the tube.

VI. Catarrhal or purulent salpingitis.

VII. Myomata uteri.

VIII. Peritoneal bands and adhesions, compressing the tube.

The earlier writers regarded the normal place of meeting between the ovum and spermatozoa to be in the upper part of the uterus, and were of the opinion that this was brought about by the antagonistic action of the cilia of the uterine and tubal mucosae. It was generally believed that the current produced by the cilia of the uterus was directed upward toward the fundus, while the tubal current was directed downward, and that the two met and practically neutralized each other in the upper part of the uterine cavity. Recent observations have, however, shown that these views are erroneous, and that the current produced by the uterine cilia is in exactly the same direction as the tubal current—namely, from above downward, so that the action of the

cilia tends to assist the ovum in its downward progress, and to interfere more or less with the upward passage of the spermatozoa.

Observations upon certain animals have shown that the spermatozoa normally make their way up into the tube, and may even be seen swimming in the peritoneal fluid on the surface of the ovary. It has likewise been shown that the spermatozoa may retain their vitality for a considerable length of time within the tube.

These facts tend to show that fertilization in the lower animals at least occurs in the tube, most probably in its upper part, and that the fertilized ovum is carried to the uterus by the action of the cilia. Dührssen observed spermatozoa in the normal uterine tube of a woman three-and-a-half weeks after the last copulation, which tends to show that the views just adduced may likewise apply to the human female. The view is, therefore, established that extra-uterine pregnancy is simply due to some interference with the normal downward passage of the fertilized ovum through the tube.

*Atresia of the Tube.*—The external migration of the fertilized ovum from one side, which is patulous, to the opposite tube whose lumen is occluded in some part of its course offers a satisfactory explanation for a considerable number of cases.

A case of extra-uterine pregnancy operated on by Dr. H. C. Coe and described by Dr. J. W. Williams affords most convincing proof of this mode of origin. The left fallopian tube was the seat of two extra-uterine pregnancies. At its uterine end was a small sac containing the skeleton and calcified remains of a foetus, which completely occluded that portion of the tube, and from the satisfactory history obtained clearly represented the remains of an extra-uterine pregnancy which had occurred twelve years previously, while the lateral end of the tube contained the placenta and the membranes of a four months' pregnancy which had ruptured, allowing the escape of the foetus into the abdominal cavity, where it was found alive at the time of the operation. The left ovary was small and atrophied and presented absolutely no sign of a recent corpus luteum. The right tube presented signs of peri- and endo-salpingitis, but its fimbriated extremity was patent and the right ovary contained a corpus luteum corresponding in size to the duration of the pregnancy.

It is apparent that the spermatozoa could not in this case have passed the oc-

cluded portion of the tube where the dead foetus was situated—and the absence of a corpus luteum on that side is conclusive evidence that the ovum from which the second recent pregnancy was developed must have come from the opposite side where there was still a distinct corpus luteum. The only plausible explanation, therefore, is that the spermatozoa passed through the right tube, fertilized an ovum from the right ovary which then migrated to the left tube, passed through its patent fimbriated extremity, and made its way onward until arrested by the lithopedion where it developed.

*External Migration of Ovum.*—External migration of the ovum occurs comparatively frequently in extra-uterine pregnancy. Dr. Williams has been able to demonstrate it in five out of thirty cases, of which he has accurate pathological records. In all of them the fimbriated extremity of one tube was completely occluded by old inflammatory processes, or the tube was converted into a hydro-salpinx, while the other tube was the seat of the pregnancy, and presented a patent fimbriated extremity. In each case the ovary on the pregnant side presented absolutely no evidence of a corpus luteum, while the ovary corresponding to the occluded tube contained a typical corpus luteum of pregnancy. At first sight such migration of the ovum appears difficult to explain. Observation at the operating table shows, however, that it may be of frequent occurrence under ordinary conditions, for repeatedly both tubes and ovaries lie low down behind the uterus, with the fimbriated extremities of the right tube in contact with the left ovary and vice versa. Kelly reports a case where he removed a diseased tube on one side and a diseased ovary on the other, leaving behind only the right tube and the left ovary. Pregnancy occurred within a short time and the patient was delivered at term. At a later date an extra-uterine pregnancy occurred and the remaining tube was removed.

*Diverticula.*—Diverticula from the lumen of the tube are probably among the most frequent causes of extra-uterine pregnancy. These diverticula are simply little offshoots from the lumen of the tube, which extend into its muscular wall, penetrating it for a greater or lesser distance, frequently running parallel to the tubal lumen, and eventually ending blindly as a mere cul-de-sac. Should a fertilized ovum make its way into such a diverticulum, it would be carried to its blind end by the cilia and there be ar-

rested and undergo further development. It is apparent that rupture will occur earlier in these cases than when the pregnancy occurs in the lumen of the tube, for in the former case the pregnancy is separated from the outer surface of the tube only by a fraction of the thickness of its wall, instead of by its entire thickness, as when it develops in the main lumen.

*Accessory Ostia, Accessory Tubes.*—Accessory tubal ostia act very much as diverticula by breaking the continuity of the walls of the tube and thus interfering with the normal passage of the ovum toward the uterus. This condition explains only the extra-uterine pregnancies which occur in the ampullar portion of the tube where accessory ostia are usually found.

Accessory tubes also may account for extra-uterine pregnancy for they usually terminate blindly, although the fimbriated extremities are patent.

*Inflammatory Affections.*—It was believed that inflammatory affections of the tube play an important part in the causation of extra-uterine pregnancy,—that salpingitis leads to the production of the extra-uterine pregnancy by the destruction of the ciliated epithelium, interfering with the downward current of the tubal secretion and so allowing the spermatozoa easier access to the tube. The fallacy of this conception has been demonstrated by Martin, and it is generally admitted that spermatozoa readily make their way up the tube in spite of the downward current produced by the cilia, and that fertilization nearly always occurs in the tube—indeed, careful examination of the inflamed tubes shows that the cilia are rarely destroyed even in well marked cases of pyo-salpingitis, and are perfectly preserved in cases of catarrhal salpingitis,—adding the fact that cilia are readily demonstrated in nearly every case of tubal pregnancy which has been examined by Dr. Williams, it is apparent that some other cause than the destruction of cilia must be evoked to explain this occurrence. Perhaps the thickening of the tubal walls, which accompanies marked salpingitis, facilitates the arrest of the fertilized ovum somewhere within the tube by interfering with its peristaltic movements and by choking the lumen.

*Pelvic Peritonitis.*—Peritoneal adhesions binding down the tube and restraining its movements may not infrequently play a part in the production of an extra-uterine pregnancy. We frequently find at operations evidences of old inflammatory disease

on both sides, and the history of the patient often points quite clearly to repeated attacks of pelvic peritonitis. In addition to this, the fact is most suggestive that extra-uterine pregnancy frequently occurs in women who have long been sterile.

*Torsion*.—A twist in the tube, practically obliterating its lumen, with the pregnancy in its distal end, was the apparent cause of one of Williams' thirty cases.

*Myomaletion*. A myoma at the cornu uteri may so distend and compress the lumen of the tube and interfere with its functional activity as to offer a marked obstacle to the downward passage of the fertilized ovum toward the uterus.

1. A woman thirty-two years old, married, mother of one child three years old, while doing her Christmas shopping in 1900, and in her usual good health, suddenly experienced a sharp pain in her left side while hanging on to a strap in the street car. The pain was severe enough to almost make her faint. She reached home, however, with assistance, and summoned a physician, who pronounced her case one of ordinary colic. Rest in bed and local applications relieved her, and in a day she was up and about, but complained of a feeling of discomfort in her left side; and while up and about she noticed a bloody vaginal discharge. Off and on she had colicky pain referable to her left side. She called in another physician, who pronounced her case one of threatened abortion, and advised rest in bed. (She had passed a menstrual period.) She continued this way, with a slight bloody discharge and occasional pain until January 22d, when I saw her in consultation. She soiled from three to four napkins a day with light-colored blood; she looked very pale; rectal temperature 100; pulse varied from 88 to 120. Vaginal examination revealed a large swelling on the left side close to the uterus. The uterus seemed fixed, and pushed to the right. I at once concluded that the patient was suffering from the effects of an extra-uterine pregnancy—the sudden onset of pain in the left groin, fainting, followed by an almost continuous nagging pain in her left groin, the vaginal discharge, together with the results of the digital examination, allowed of no other interpretation. I accordingly advised an immediate operation, and found the diagnosis substantiated. The specimen shows, as you see, the hematoma opened up, and revealing the sac, and the sac in turn is opened and shows the foetus, probably six weeks old. She made a perfect recovery, though she remained anaemic for some three months, but thereafter was as well as ever, and she continued so for two and one-half years, menstruating during that interim regularly. In June, 1902, she skipped her menstrual period, and by the second of July following she was again taken suddenly ill with severe pain in the right side. She had a subnormal temperature and a rapid wiry pulse, and a sensation of fainting. By evening her symptoms were so alarming—no pain, but such a completely exhausted feeling, accompanied by restlessness, thirst and air hunger, that I was asked to see her. At sight one could diagnose haemorrhage as the cause of it all, and her abdomen had that peculiar doughy feeling—re-

laxed and flabby, which I consider pathognomonic of intra-abdominal haemorrhage. I again pronounced her case one of extra-uterine pregnancy with rupture. We operated and found the rupture on the right side. She made a rapid and complete recovery, and has remained well since.

2. Shortly after Christmas, 1902, I was summoned during the night to see a servant in a family I was attending, who was twenty-two years old. She had severe general abdominal pains, no temperature, and a good pulse; her pallor was pronounced, but the family assured me that she always looked pale, and accounted for her abdominal pain by indiscretion in diet, as she had eaten freely of all kinds of Christmas cakes. She was single and asserted that she had always been regular in her menstruation, and that she was habitually constipated. She was given a cathartic which proved effective, and next day she attended to her usual work as servant of the house. Three days later I was summoned hurriedly again; the girl was now so weak that she could not attend to her work, and complained of feeling faint and of a marked throbbing sensation in her head and the praecordia. Her pulse was 120 and weak, and she had a peculiarly anxious facial expression, with marked pallor. She again claimed to have always menstruated regularly and positively denied ever having had sexual intercourse. Vaginal examination revealed a soft patulous external os and an enlarged uterus, apparently extending to within two inches of the umbilicus and deflected apparently to the left side. The examination was unsatisfactory owing to the severe pain it occasioned, particularly on the left side, and the rigid condition of her abdomen. There was no external sign of haemorrhage and no other signs of pregnancy. The opinion was entertained that she was suffering from an intra-abdominal haemorrhage, due to a ruptured ectopic gestation, and she was sent to the hospital for observation. For four days she did fairly well, her pulse varied from 88 to 104, was of good quality, but the pallor became more and more marked.

On the fourth day her pulse assumed a very weak, compressible quality, and an operation was decided upon, and the following day a foetus, alive at the time, with the placenta, was removed. The peculiar feature of the case was the profuse intra-abdominal haemorrhage. The whole abdomen was filled with old liquid blood which probably dated back to the time of the beginning of her symptoms; through this welled-up, innumerable eddies of bright red blood on the left side of the uterus, which, by the way, was not much larger than the normal unimpregnated uterus, proving that the tumor regarded as uterus during the vaginal examination was the tubal pregnancy. Any attempt at sponging to detect the bleeding points was simply futile, the old blood free in the abdominal cavity coming from all directions obscured the entire field, and the patient was sinking rapidly. It was deemed inexpedient to remove the mass for fear of losing the patient on the table, so the infundicular and broad ligaments were clamped, thereby controlling the haemorrhage. The clamps were left in situ for 48 hours. She was given large amounts of normal salt solution into the intracellular tissues, rallied slowly, and eventually made a good recovery.



3. A woman thirty-two years old, married, mother of one child, no miscarriages, no history of previous pelvic trouble, was taken sick March 24, 1902. At 7 A. M. she went to the toilet, her bowels moved freely, and in getting up after defecation she was seized with intense bearing-down pains, followed by profuse perspiration and a feeling of faintness. This occurred at her expected menstrual period—heretofore she had been perfectly regular. She sent for medical aid, and Dr. Roeber responded. Her temperature was normal (rectal), and the pulse varied between 60 and 65. From this time on the patient was kept in bed. The vaginal examination revealed a small sensitive mass to the left of the uterus, movable and exquisitely sensitive to touch. She had severe colicky pain lasting for several hours, which then disappeared, to reappear on the second day; during the intervening day she was absolutely free from pain. The diagnosis of extra-uterine pregnancy was made and an immediate operation was advised; this was refused, and the patient was accordingly treated expectantly for two weeks. Her condition not improving, she finally consented to be operated upon. On April 8th, 5 A. M., she was seized with intense pain in the lower abdominal region, and fainted. She was covered with cold, clammy perspiration; pulse 120, and weak; temperature, 100½. On this morning a faint speck of blood from the vagina was noticed; this was the first indication of any discharge whatsoever, and the diagnosis of rupture was made. She was at once sent to the hospital and operated upon, revealing thereby an ectopic gestation of isthmean type which had just ruptured and was still bleeding at the time of the operation. She was desperately ill, and her life was despaired of, owing to the profound shock and violent and persistent vomiting—but owing to a long continued series of lavage, peristalsis was established, vomiting ceased, flatus was expelled, and the patient made a good recovery and continued well until February 17, 1903, when she was again taken sick with intermittent colicky bearing-down pains in the lower abdominal region, which she herself likened to the pain of her previous attack of ectopic gestation, so that when Dr. Roeber was summoned she announced that she had the same trouble on the right side which she had previously had on her left. She had passed one menstrual period. Upon examination there was found a slight bloody vaginal discharge—the right horn of the uterus was distinctly prominent. As there were no symptoms of shock she was treated expectantly, fearing that she might be suffering from an interstitial pregnancy which might terminate as a normal pregnancy or rupture, and lead to an abortion via nature's channels. All symptoms abated for four days—then they returned, culminating in those of shock, and she was at once operated upon. The abdomen was filled with liquid and clotted blood, and the rupture was found in the horn of the uterus on the right side. She made an uneventful recovery.

4. A woman thirty-eight years old, married, mother of three children, had one miscarriage when thirty-one years old, had appendicitis when thirty-four years old. She was never regular, menstruating every six to ten weeks, scant flow always. On the seventh of August, 1903, she was suddenly taken ill, while walking in the street, with severe, colicky pain, accompanied by a bearing-down sensation. The pain was inter-

mittent, coming on every twelve hours and lasting one-half hour. She sought medical advice August 14th. She was then suffering from severe colicky pain, accompanied with a bloody, vaginal discharge. The abdomen was distended, and a vaginal examination revealed a large sensitive mass filling the whole left broad ligament and cul de sac of Douglas, crowding the uterus forward and to the right. This mass was intimately connected with the uterus. The diagnosis made by Dr. Roeber was extra-uterine pregnancy with rupture, left side. She was at once sent to the hospital and operated upon and the diagnosis was confirmed. The tubes and ovaries were markedly adherent and matted together, the result of old pelvic peritonitis. Because of the general oozing caused by breaking up the adhesions which could not be controlled by ligation, a gauze drain was resorted to. She made an uneventful recovery, excepting a slight ventral hernia. This was repaired in the spring of 1904, and she is now perfectly well.

5. A woman thirty-eight years old, married, gave the history of having been four times pregnant, two normal labors, one still birth at full term and one premature labor at seven months. After the birth of her first child eighteen years ago, she was confined to bed for several weeks with fever, probably puerperal. Thereafter she claims to have had a "weakness" in the lower abdominal region, now and then having a bearing-down pain between the time of her menstrual periods. Menstrual flows were always free from pain and occurred at regular intervals. In October, 1901, at her expected period, she was taken with intense pain in the region of her abdomen, and fainted. She was seen shortly after by Dr. Roeber. The abdomen was tympanitic, with rigid abdominal muscles, and extremely sensitive to touch; her skin was blanched and covered with cold, clammy perspiration; facial expression anxious, pulse rapid, small and easily compressible. Temperature per rectum subnormal. There was no bloody discharge from vagina. Diagnosis: Ectopic gestation with rupture. She was operated on at 11 A. M. of the same day. The abdominal cavity was filled with dark and bright colored blood—the rupture was found in the left tube, middle and inner third, and was still bleeding very freely. The tube was doubly ligated, the intervening portion being resected. There was evidence of marked old adhesions characteristic of chronic pelvic peritonitis. She was so exhausted that salines were injected subcutaneously, the abdominal wound was sewed up with through and through sutures of silk worm gut, without drainage. She made an uneventful recovery, and has since remained well, with regular and painless menstruation.

6. A woman of rather feeble constitution, twenty-eight years old, married two years, no children, always of irregular menstrual flow, both as a girl and since her marriage, was six weeks overdue, when symptoms of serious trouble began. She was seized with severe, colicky pains throughout her abdomen which continued for two days, of far severer type than any she had ever had before; then a slight reddish vaginal discharge was noticed, which became profuse during the ensuing day with increasing colicky pain. She was seen at this time by Dr. Wrightson, who found her pulse rapid and feeble, temperature normal. She was writhing in pain, bathed in perspiration and blanched in color. Her abdomen

was sensitive all over and her abdominal muscles tense. The vaginal examination was unsatisfactory in consequence of the severe pain it occasioned. Notwithstanding, the doctor made the diagnosis of extra-uterine pregnancy and had the patient removed to the hospital, where she was operated upon at once and the diagnosis substantiated. This is the specimen which was alive at the time of its removal. The rupture was in the right tube. The tube was readily found, ligated and severed. There was a large amount of intra-abdominal blood, both clotted and free, which was removed. The abdominal wound was closed and her recovery seemed assured, for by the third day her temperature was normal—it had never been higher than  $100\frac{1}{4}$  per rectum, pulse 80, and she had passed flatus freely, yet during the fourth night she suddenly developed symptoms of haemorrhage, her pulse ran up to 160, small and feeble; there was marked air hunger, anxious facial expression, and she was very restless with a feeling of impending death. The abdominal wound was at once opened up, but there was no sign of haemorrhage; the stump had healed over very nicely, and there was no sign of peritonitis—the wound was closed again, but at once symptoms of sepsis developed; her temperature began to rise steadily and without remission until it reached 107 three days after the second abdominal opening was made, when she died. She became tympanitic, vomited excessively and had hiccup. There was no autopsy allowed. This patient undoubtedly died of sepsis, incurred at the time of her second operation. I can explain the symptoms simulating haemorrhage, four days after an uninterrupted course toward recovery, however, only on the supposition that they were caused by pulmonary embolism.

7. A woman thirty-two years old, of the lower walks of life and ignorant, was admitted to the German Hospital February 12, 1895. She claimed to have been sick one month. Her trouble began with pain in the lower region of her abdomen—she was constipated, had a pulse of 80, temperature 101. There was noticed distention of the lower abdominal region and tenderness on pressure. The history is deficient in every other respect. The diagnosis of peritonitis was made. She was given opiates. By the fifteenth, three days after her admission, her temperature was 99. She had had two evacuations of her bowels, was free from pain, and remained in this condition until the nineteenth, one week after her admission, when she was discharged. She was admitted again, however, on the twenty-first of April, and the following history was noted: Severe pain in the lower abdominal region, had passed three menstrual periods; about two weeks prior to her second admission she had a slight bloody vaginal discharge, accompanied by very severe pain. Physical examination revealed a swelling in the lower part of the abdomen, which seemed to emanate from the left side, but which was also palpable in the right side and excessively painful to the touch. She was kept under observation until May 2d, when she was subjected to an operation. On the right side was found a large mass which could not be enucleated and was in consequence sewed to the abdominal wall and opened, and a foetus three to four months old was extracted. This is the specimen. Deep down and to the left adherent to the sac cavity, but shut off from it, irregularly shaped and hard masses could be felt, the nature

of which remained obscure for some time. The cavity was packed with antiseptic dressing. The patient continued to do moderately well—"she felt well," notwithstanding her temperature of 100 in the morning and  $101\frac{1}{2}$  in the evening—(there is no mention of the pulse rate or its quality.) She continued in this way until May 18th, when her temperature rose to  $103\frac{1}{4}$  and she complained of feeling bad. On this day, with the change of dressing, the placenta, which had loosened, was removed piecemeal and her temperature dropped to 99. Thereafter she did indifferently well, running a varied temperature curve, indicative of slight septic absorption, until June 30th, when she was again put under the influence of ether and the sac cavity searched. The walls had become very friable and from its depth was extracted a second moderately degenerated foetus (full term). The irregularly shaped and hard masses felt at the time of the first operation now having selected the point of least resistance, made their exit into the sac cavity opened at the time of the operation, and revealed themselves in the form of "foetus No. 2." The omentum was found strongly adherent to the anterior thoracic wall, as well as the anterior and posterior portion of the neck of the foetus. There were no further complications, and the patient made a slow though perfect recovery. Later a retrospective history was obtained from the patient in reference to the full term foetus. Fully ten years before her first admission to the hospital, back in 1885, she had engaged a doctor to attend her in confinement. He was summoned when her pain began. He examined her, assured her that she was all right, but that her baby would probably not be born that night, that he would go home, leaving the injunction to be sent for when her pains grew stronger. Her pains, however, gradually subsided. She got up, resumed her work, and little by little forgot about the doctor, as well as the circumstances under which she had summoned him.

8. April 5, 1901. I was summoned to see a woman in whom Dr. Wrightson diagnosed an extra-uterine pregnancy. She had been taken sick the day before with severe colicky pains in the lower abdominal region. Previously she had always enjoyed good health. She is the mother of two children—the last was born five years ago—is thirty-four years old, had always menstruated regularly. Her menstrual period was just about due when she was suddenly seized with severe pain in her left groin. She was excessively obese, looked very pale and anxious; temperature  $100\frac{1}{2}$ , pulse 140, respiration 40. She had a constant bearing-down pain. There was no external evidence of bleeding. Her abdomen, though very fat, still had the characteristic dull, flabby feeling which so often goes with intra-abdominal haemorrhage. She was removed to the hospital, and the diagnosis was substantiated by operation—ectopic gestation with rupture of the left tube with a large amount of blood in the abdominal cavity. She made an uneventful recovery.

9. I was in practice scarcely a month when I was summoned one evening to administer ether to a woman about to be curetted for "septic trouble," so it was announced when I was summoned. I knew the woman well, and expressed surprise, for I had met her but three days previously when she was in most excellent health. Not being pressed with business, and knowing



the family well, I made my appearance at their home long before the time set for the operation, and elicited the following history. The woman was newly married, had always enjoyed excellent health and always had menstruated regularly, though not without pain, up to the time of her last menstrual period, which she skipped. Two weeks after that a sound was passed for the purpose of bringing on the menstrual flow; that failing, the time for the second passage of the sound was deferred to just before the time of her next menstrual period, two days before I was asked to see her. The following day she was seized with very severe menstrual pain. The severity was regarded commensurate, however, with the postponed menstruation, but on the following day the pain continued to a point of exhaustion, and the doctor who was called in, early in the evening, decided to curette that very night. God knows why! Fortified with this history, and doubting the efficacy of the treatment, I hesitated no longer to see the patient when requested to do so. She was exsanguinated, pale and pulseless, a death-like image of her blooming self! Authoritative assistance was summoned in all haste, but it was too late—she succumbed immediately after the abdominal section was made, which revealed a ruptured ectopic gestation.

10. In the early part of 1897 I was asked to see a woman thirty-five years old, suffering from severe "ovarian colic." She was the mother of three children—her youngest child was five years old. She had always been a healthy woman, personal and family history negative. After the birth of her last child she decided she would have no more children, and for this purpose, whenever she skipped a menstrual period, would take hot foot and sits baths, and drastic medicines of all kinds, which measures had always been effective. At the time she claims to have run the gauntlet, without the desired effect. Her pains were located in both groins: she vomited and purged profusely, had marked bladder tenesmus and painful micturition and her prostration was pronounced. These symptoms were all accounted for as the results of the medicine she had taken, and were accordingly treated with counter irritants, hot fomentations, applied to the region of her abdomen, hot vaginal irrigation, together with opium and belladonna suppositories—all of which were ineffectual. By the fourth day of her illness a slight bloody vaginal discharge was noticed, and we looked for improvement. Her symptoms, however, continued unabated, her prostration became more marked, she looked ghastly pale, and on several endeavors to get up she invariably had fainting attacks. Her symptoms suggested rupture of an ectopic gestation, which was confirmed by operation. The rupture was on the right side. She made an uneventful recovery.

The last two cases cited have been, to me, most fertile for thought. For if it is true that fertilization occurs in the tube, and that the fertilized ovum is carried to the uterus by the action of the cilia, and its safe deposition into the uterus depends upon an unobstructed course, it is equally true, in absence of any obstructive cause, that the irritation caused by the passage of a uterine sound or the turgid effect of

drastics, may very well bring on peristaltic action of the tube of a nature so violent as to cause its rupture.

I feel confident that many cases of so-called severe uterine or ovarian colic, and pelvic cellulitis and haematoma, are cases of ectopic gestation with early and slight hemorrhage, and I feel equally confident that the majority of these cases have as their exciting cause at least the introduction of a uterine sound, or the ingestion of drastic medicines.

To epitomize the symptomatology entailed in the foregoing histories, I would emphasize the following:

Subjective:

1. History of cessation of menstruation.
2. History of sterility.
3. Sudden, severe agonizing pain, often following exertion, intermittent or continuous in character.
4. Faintness, collapse.
5. A feeling described as a different feeling from any ever experienced in any previous pregnancy or menstrual period.
6. Marked anaemia, with or without air hunger.
7. Anxious facial expression.
8. Constipation with or without painful urination.
9. Evidences of bloody vaginal discharge.
10. Other characteristic signs of pregnancy, restricted, however, to advanced cases.

Objective signs:

1. Enlarged uterus.
2. Tumor at one or the other side of the uterus, distinct from the uterus and sensitive or painful upon pressure.
3. Discharge of decidual cast.
4. Peculiar flabby, doughy feeling of the abdomen, restricted, however, to cases where rupture has taken place, which, when it does exist, I consider pathognomonic of intra-abdominal hemorrhage.

*I wish to acknowledge my indebtedness to my friend Dr. William J. Roeber for the privilege of including in this paper three of his cases.*

#### DISCUSSION.

**Dr. Philander A. Harris**, of Paterson.—Mr. President, and Gentlemen.—We certainly are greatly indebted to Dr. Staehlin for bringing this subject again to the notice of the profession. When we compare the very high mortality attending undiagnosed and unoperated tubal pregnancy with the comparatively low mortality of the other conditions, for which it has so often been mistaken, we realize the importance of learning to diagnose the condition of tubal pregnancy.



From the statistics gathered by various men in preoperative days, it was pretty well believed that about two thirds of all the cases of ectopic gestation, uninfluenced by operation, died. The remaining third, which did not die, were sick and disabled for a considerable length of time, some of them developing abscesses, and although they may have recovered from abscess, the pelvic organs were more or less damaged by the suppuration.

I wish to express my approval of all that the doctor has stated in his paper. Four years ago I reported four cases of recurrent tubal pregnancy. Since then I have met with two other cases, making six in all in which tubal pregnancy has twice occurred in the same individual.

In regard to the symptomatology of ectopic gestation. In the first place I must speak of the so-called classical symptoms of ruptured tubal pregnancy, not because you may not know of them, for I believe that most of you do. They consist of severe, agonizing pain in the lower abdomen, rapid pulse, pale lips, fainting, collapse, thirst, rapid breathing and air hunger. This group of symptoms has constituted the classical history of tubal pregnancy because they are the symptoms which you will find in all the older and many of the new books, and they are the only symptoms by which the disease for many years was recognized, and without which a condition of tubal pregnancy was rarely diagnosed, and only by which, many are still able to diagnose it. That is the earlier picture of tubal pregnancy. If we were guided simply by that picture to-day, the condition of ectopic gestation would be overlooked until many cases had passed to a most dangerous condition. It, therefore, becomes necessary for us to consider the symptomatology of tubal pregnancy which so often precedes the classical symptoms. Fortunately there are symptoms by which the condition of tubal pregnancy may be diagnosed before the case has advanced so far as to present the picture above described. As a matter of fact, and fortunately, too, these less distressing symptoms generally lead the patient to consult a physician before the severe symptoms above referred to occur, and by them he may often diagnose the condition before the more alarming symptoms have occurred.

By the courtesy of Dr. Staehlin I am permitted to present some specimens, all removed from women before any of them have presented the alarming symptoms above referred to. I have to offer eight specimens. They represent eight-elevenths of my experience in the operation of unruptured tubal pregnancy. If the walls of these tubes are not broken through, they certainly exemplify the earlier stages of the disease. Hemorrhage occurred in all of them. The life of the foetus may, or may not have been progressive at the time of operation. The hemorrhage was insidious, intermittent or gradual. The blood generally poured from the ostium abdominale into the peritoneal cavity. In one case it escaped from the minute perforation in the wall of the distended tube. Probably none of these tubes is entirely made up of simply embryonic products, for hemorrhage has taken place in all of them. In order to procure these specimens it was necessary to diagnose, and operate before the occurrence of the classical symptoms above referred to.

The pains which some of these patients had, were slight, and comparatively insignificant. In only one of these eight specimens was there a particularly rapid pulse, fainting, or other marked

evidences of hemorrhage. The amount of blood found in the peritoneal cavities of the women from whom these specimens were removed varied from three or four ounces to a pint or more.

When a woman, not accustomed to having painful menstruation, goes a few days over her usual time, and then has colicky pains in the lower abdomen either in the hypogastric, or in one iliac region, and has also an appearance of blood from the vagina, which is rather different in character and quantity from her usual menstrual flow, particularly when the duration of the flow is much shorter, or much longer than usual, or if she has spottings of blood, we are warranted in the presumption that she is suffering from tubal pregnancy. The metrorrhagia which is so apt to begin, three, four, five or six weeks after the beginning of the last menstruation may appear in all degrees of variation as to the duration of flow, amount of blood lost, its color, character and what not. It is a most common thing for women with tubal pregnancy to have metrorrhagia continuing for a month, two months, or more with or without interruptions. Many such women believe themselves to have miscarried, and the physicians who attend them often share this opinion of their patient. They curette them, or they send them to me for curettement. It is not necessary to wait until the patient falls to the floor because of the severity of the pain, and the loss of blood, or to wait until the pulse has mounted to 120, 140, 160 or 170 per minute to diagnose the existence of ectopic gestation.

The larger proportion of all cases of tubal pregnancy consult their physicians days, or weeks before the *alarming* symptoms present themselves, or before their condition has become precarious. It quite often happens that I am called to confirm a diagnosis of tubal pregnancy in which the condition is simply one of intra-uterine pregnancy with threatened abortion. The physical examination especially with the patient who has been untruthful to us in giving her history may be our only guide to a correct diagnosis in such a case. When any woman who has been accustomed to menstruating regularly and painlessly passes four, five, six, seven, or more days over her usual time, and then develops colicky pains which she has never had before, with the appearance of blood from the vagina in some way different from her usual menstruation, we are entitled to the presumption that she is suffering from tubal pregnancy. Such a case requires particular investigation, and an analysis of all the symptomatic factors. If we diagnose tubal pregnancy we need not wait for the classical and dangerous symptoms to appear, for by so doing our patient's life might be sacrificed through our delay in operating.

**Dr. George C. Laws, of Paulsboro.**—I have been given an opportunity to see the process of fecundating the eggs of fish which to me was quite startling. The roe was taken from the shad and fecundated in covered pans. The shad eggs are very minute, but when fecundation occurs they swell up enormously. They are then run through a sieve and the larger ones are retained for hatching. Therefore I have been struck with the idea that if pregnancy occurs in other than its normal site, as in the tube, similar enlargements might result in disastrous consequences. The same process in a human ovule no doubt occurs as in the shad and it may swell enormously. In the shad roe, after fecundation, the ovule swells to the size of a currant.

**Dr. F. D. Gray**, of Jersey City:—I have operated upon eight cases of ectopic gestation within the past eighteen months, and, strange to say, prior to that time I had never seen a case of my own; possibly they had been overlooked by me; and the general practitioners probably are still often overlooking them. I have been impressed with the unusual experience of Dr. Harris in being able to report twelve cases of ectopic gestation prior to rupture. That is an unusual experience in diagnosis, and is very creditable to the doctor. I have recently seen a case which possibly would be of interest in showing the difficulty of making a diagnosis between ordinary early abortion and ectopic gestation, and I think I am justified in relating it. Within the past two months I was called in consultation to see a woman thirteen years married and thirteen years sterile. She had missed one menstruation and was having terrible pains. I suspected her of being rather hysterical. She could hardly tolerate the most gentle vaginal examination. In fact, the attending physician had been unable to make one. On vaginal examination I found a soft cervix and nothing more. When I touched it she almost went into convulsions because of the pain. No mass could be felt on either side of the pelvis. The history given was that she was suddenly taken with pain while at stool and she felt something drop into the basin but had no hemorrhage. There were no evidences of concealed hemorrhage. I finally succeeded in obtaining an examination under ether and even then I could not make out any pelvic mass. She had passed some pieces of membrane that were not saved. Some shreds were passed later, but the microscopical examination revealed no decidua cells. I recognized the possibility of an ectopic gestation from the first, and yet the history of the case fitted just as well, if not better, an early intra-uterine abortion. I felt inclined to the diagnosis of an ordinary abortion rather than that of an ectopic pregnancy, but I insisted upon the attending physician keeping close watch of the case, making frequent examinations, and he was requested to let me know if positive evidence of an ectopic appeared or quite severe pain continued. Two weeks later I had no difficulty in making out a small mass situated posterior to the uterus and to the left. At once a positive diagnosis of ectopic gestation was easily made. At the operation two days later I found a twin tubular abortion, which I think is probably a more frequent occurrence than rupture of the tube. A peculiar sequella of this case was puerperal mania or dementia. The only two cases of puerperal mania I have ever seen (and I have attended about 1600 women in confinement) occurred in operative cases. The other one followed an operation at the eighth month; a Poro-Caesarean, because of an obstruction by multiple and degenerating fibroids. In each case the mania was the only untoward symptom—lasted about two weeks—and resulted in complete recovery. The almost continuous pain, without symptoms of concealed hemorrhage and with a slow mass formation, alluded to in the foregoing case, are quite characteristic of tubal abortion as contrasted with tubal rupture.

**Dr. George H. Balleray**, of Paterson:—As Dr. Harris has stated, some time ago I wrote a paper on this subject and read it before this society. I also read one before the Gynecological Section of the New York Academy of Medicine. I have seen many cases of ruptured ectopic gestation, and it is a subject near my heart. I believe

there have been thousands of deaths from ruptured extra-uterine pregnancy in which the condition has not been recognized. It has been only during the last few years that these patients have been operated upon. We owe a great debt of gratitude to Dr. Lawson Tait, who showed that these cases were susceptible of cure. Dr. Rogers, of New York, wrote a book and expressed the hope that the time would come when surgeons would have courage enough to open the abdomen and save the lives of these patients. That time has come. I wish to endorse all that Dr. Harris has stated, and especially that we should not wait for those classical symptoms to appear which show that rupture has occurred; if we wait for that we usually wait for the death of the patient. I operated upon a patient one week ago in which the condition was bad; I found it necessary to resort to transfusion during the operation. She is making a good recovery. It would have been better, though, if I had operated some hours earlier. I wish to say that it is a great source of satisfaction to see the diagnosis of ectopic pregnancy being made now by so many of the physicians in general practice. The gentleman who saw the case just referred to was one of the ex-house surgeons of the Paterson General Hospital and promptly recognized the condition. This is especially a great source of satisfaction to me, because these cases are so often overlooked, and when sent to the surgeon they are almost moribund.

As to the paper, it was of particular interest to me, not only as regards what was said in reference to those cases in which the women had ectopic pregnancies on one side, but also in relation to those cases in which there was a double extra-uterine pregnancy. I have seen several such cases, and also I have had several cases in which there was both an ectopic and an ectopic gestation, but I never had a patient with successive ectopic pregnancies.

I do not know that I can add anything to the subject. I should like to repeat that Dr. Harris's statements should be continually borne in mind, that we should not wait until all the classical symptoms of ectopic pregnancy have presented themselves, but we should try to establish the diagnosis early. If we find that there are strong presumptive evidences of ectopic gestation we should proceed at once to open the abdomen. Also in cases of extreme doubt, with presumptive evidence favoring the existence of a tubal gestation, operate. Dr. Tait's advice goes, "When in doubt, play trumps." I should like to ask Dr. Harris a question regarding the specimens he presented which were supposed to be those of an unruptured tubal pregnancy; what evidence does he present that these were really such cases? The specimens that have been passed present no positive evidences at all of such a condition. Some of these specimens might be filled with inspissated pus or even, as a gentleman on my right facetiously remarked, "Stuffed with cotton." Dr. Harris has failed to produce the corpus delicti, and the old Scotch verdict "not proven" applies to his cases.

**Dr. Philander A. Harris**, of Paterson:—I am glad to be offered the opportunity to answer Dr. Balleray. The smallest tube is the only one in which the evidences of an unruptured tubal pregnancy were confirmed by the microscope. When we look at the facts that these patients all had three to four ounces of blood in the peritoneal



cavity, I think that is sufficient to show that the diagnoses were correct. If Dr. Ballcray wishes it, I shall be glad to have a microscopical report of these cases made, and will present it at the next meeting of the society.

**Dr. Herman C. Bleye**, of Newark:—The symptomatology of ectopic gestation prior to rupture is not well defined. The symptoms mentioned which are present in the early five or six weeks are all right, but to make a diagnosis of extra-uterine pregnancy on the symptoms mentioned alone is impossible; in fact, the diagnosis is not made until rupture has occurred. The general practitioner needs something more than has been mentioned upon which to base a diagnosis.

I would like to ask Dr. Harris if he will point out the differential diagnosis between abortion of intra-uterine pregnancy, occurring at the fifth week, and extra-uterine pregnancy at the same period before rupture and abdominal hemorrhage have occurred in the latter case. Often the diagnosis is not much prior to abdominal incision.

**Dr. Philip Marvel**, of Atlantic City:—I merely rise to ask Dr. Staehlin if I am correct in my understanding of what he said in his epitome referring to the sounding of the uterus and the administration of drastic drugs, as being the major causes of tubal rupture. If I am correct, it seems to me the doctor laid more emphasis upon this particular cause of tubal rupture than the conditions warrant. When we consider the many pathological conditions which may enter into and weaken the walls of the tubes, and the causes extraneous to the tube, I believe that entirely too much stress has been laid upon that part of the paper.

In respect to Dr. Harris's statement, referring to ectopic pregnancy prior to rupture, I might recite a case which may emphasize this point. Not more than six weeks ago my brother and I were called to see a case in which there was a distinct tumor palpable on the right side of the uterus, a little above the cul-de-sac. An operation was recommended but refused. The home physician was consulted, and because of his being unable to discover such a tumor; being unable to palpate it; he thought we were wrong in our diagnosis. The subsequent history and operation performed two weeks later proved that we were correct in our diagnosis. The fetus was found at the time of operation, and there were all the evidences of a ruptured pregnancy. In the beginning of this case, *i. e.*, at the time when my brother and I first saw it, the question arose whether or not the tumor was that of an ectopic pregnancy prior to rupture.

**Dr. E. J. Ill**, of Newark:—I have no suggestion to make as to Dr. Staehlin's paper. Dr. Harris's specimens are of great interest. He calls these cases of unruptured tubal pregnancy. Let us understand what a rupture is. It strikes me there are two kinds of ruptures. First: Where there is a break in the continuity of the mucus membrane or muscular coat, or both, of the tubes. As a result of this there will be a hemorrhage into the lumen of the tube and likely a destruction of the ovum.

Second: When there is a rupture through mucus, muscular and peritoneal coat and a hemorrhage into the peritoneal cavity. The former is usually a precursor of the second though not necessarily so.

Yet we also understand that symptoms are produced by both forms and that no symptoms

are produced without rupture as I understand the term rupture.

I believe that if Dr. Harris opens these tubes he will find blood in all of them. If the first form of rupture takes place near the fimbriated end of the tube, the organ will be gradually dilated until the clot and product of conception are extended from the tube. This is the so-called tubal abortion and these patients gradually get well, as a rule, without operation. The second form I speak of most commonly leads to death unless the organ is removed.

**Dr. Philander A. Harris**.—In answer to Dr. Ill, I should like to say that I regard all of the specimens which I have presented as cases of unruptured tubal pregnancy. So long as the walls of the tube are sufficiently intact to completely envelope the embryo, and its productive tissue, I should regard it as *unruptured* tubal pregnancy. When a sufficient rent occurs in the wall of the tube to allow the embryonic formation to escape, I should say the condition exemplifies *ruptured* tubal pregnancy.

**Dr. Edward Staehlin**, (closing):—In answer to Dr. Marvel I would say that I consider the passage of a uterine sound and drastic drugs as exciting causes, particularly in the early stages, if fecundation has occurred in the tube.

In reference to the sum total of my remarks I endeavored at first to go into the subject of classification but found that the authorities differed so extensively that there was no consensus of opinion. Everyone seems to have formed a nomenclature or division of his own. So finally no one has been able to sum up and get on common ground, and, therefore, I avoid the consideration of the classification of the different kinds of ectopic gestation.

## THERAPEUTIC AGENTS OF ANIMAL ORIGIN.\*

George E. Reading, M. D., Woodbury, N. J.

That the animal economy contained agents capable of influencing the course of disease is an idea of very ancient origin. It can be traced back through Grecian literature into Persia where it is lost in the mists of antiquity. Whether or not the idea had a rational basis in the knowledge of the ancient civilizations we have no means of knowing, but all through the known ancient and medieval history it took on the most fantastic forms, and this continued down to comparatively recent times.

In "Bates' Dispensary," published in London in 1700, a number of formulae are given having some portion of the animal body as an ingredient. For instance, a "Water of Calves' Hearts" is recommended for "Consumptions, Pinings and Decays of Nature;" a "Water of Live Flies" is recommended as follows: "Besides, that it won-

\* Read at the 130th annual meeting of the Medical Society of New Jersey.



derfully helps in Alopecia, or falling of the hair, it is very good against deafness, being dropped into the ears;" a "Water of Live Swallows" is recommended for Epilepsy; a "Spiritus Embryonum," made of capons digested in spirit, along with various vegetable ingredients, is recommended to prevent abortion; and there are many other equally fantastic prescriptions.

It is usually the case that where a popular belief persists through a long period of time there is an underlying basis of truth in it. And this has already been amply proven in the case of remedies of this nature, although the wide field which they offer for investigation has, as yet, only been touched at a few outlying points.

The first scientific application of a remedy obtained from an animal source was Jenner's epoch-making discovery of vaccination. While this is purely a prophylactic it opens the door to the wide field of immunity and it is along this line that our most important future discoveries will be made. It seems strange that so little has been accomplished in this direction. It is surely a greater triumph to prevent disease than to cure it and, sooner or later, we will discover that elusive substance which, when circulating in the blood, renders the person immune.

After the discovery of vaccination the profession took a rest of about one hundred years before anything further was accomplished along this line. Pasteur then opened the whole field by his wonderful discovery of the germ origin of communicable diseases and the possibility of their prevention or cure by means of attenuated virus or by antitoxins.

Whilst antitoxins are, of necessity, of animal origin, and while wonderful results have been accomplished by their use in diphtheria, tetanus, erysipelas, the plague and other communicable diseases, yet the object of this paper is rather to call your attention to those substances existing in the normal animal organism which are capable of being used with good results in our battle against disease.

Of these, pepsin was probably the first to receive the attention of the profession and while it is very useful and still largely used, yet it has not retained the commanding position which it once had in the treatment of diseases of the stomach. The other digestive ferments, trypsin, pancreatin, etc., while used are of distinctly limited application, being more useful to modify

foods, particularly milk, by predigestion than as internal remedies.

We now come to a class of remedies which, in my opinion, are the most important ones added to our armamentarium in the last quarter of a century, with the sole exception of the antitoxins. I refer to those obtained from the glands of the body other than the purely digestive ones. The famous elixir of Brown-Sequard belonged to this group and while it proved to be of no practical value it created such an interest in this class of drugs that investigation was vastly stimulated and much good was done in that way. The mention of this elixir reminds me of an amusing incident. A man had been going to a physician in Philadelphia, to have injections of a "lymph" of the same general character as that of Brown-Sequard and claimed that it did him a great deal of good. He finally asked his family physician if he could not give him the injections and his physician consented to do so. A supply of the wonderful "lymph" was obtained at the modest cost of fifteen dollars per ounce and the patient called regularly for his injection. In the course of time the supply of "lymph" was exhausted, but the physician went right on with the injections, using plain boiled water, and the patient experiences the same good results as when the "lymph" was used.

Of the remedies obtained from the glands adrenalin easily stands at the head in the present state of our knowledge, yet we really know very little about it. Unfortunately its striking action in so contracting the arterioles of any part, into which it may be injected, as to render the part practically bloodless has so captivated the professional mind that it seems never to have occurred to us that a remedy so powerful in that direction might be equally so in others. That this is true of adrenalin was amply demonstrated in a case which I reported to this society three years ago where, under its use, both locally and internally, a large fatty tumor of the orbit entirely disappeared and has not returned.

It seems to be of use, also, in carcinoma. A friend of mine reports that he has treated two cases of epithelioma of the lip by the local use of adrenalin with complete cure in the first case and so great improvement in the second, that he is sure of a like result in that. He is also treating a case of carcinoma of the uterus by means of tampons wet with a solution of the drug. When the case came to him, three months ago, the cervix, the body of the uterus and the broad

ligaments were all involved so that operation was out of the question. The cervix was extensively ulcerated and there were profuse hemorrhages. Under the treatment the hemorrhages have ceased and the ulcerations have markedly improved as has also the patient's general condition. Whether the improvement will continue it is, of course, impossible to say; but as we know that carcinoma is distinctly a disease of generous blood supply it might be that permanent good may be accomplished by a drug that cuts off a large part of the extra blood going to the part. Let me urge upon each of you to give the remedy a thorough trial in all such cases, and report the results obtained.

Amongst the latest additions to this class of remedies are the sugar-oxidizing ferments from the Islands of Langerhans. These are proposed as a remedy for diabetes, to produce the conversion of the grape sugar and so to enable the subjects to take the starches and sugars so necessary to produce fat and force. Whether this object can be thus obtained the future alone can determine.

The treatment of myxedema and cretinism by the administration of thyroid gland is another triumph for this class of remedies. A condition which was, only a few years ago, one of the most hopeless with which we had to do is now capable of being relieved and although the relief is not permanent yet it can be maintained indefinitely by the occasional administration of the gland. Much good is also accomplished, in goitre, by the use of thyroid gland and even where operation is necessary a preliminary course of thyroid is of great assistance by lessening the bulk of the tumor and decreasing its vascularity.

In the case of the thyroid the active principle has not yet been isolated, the gland substance or an extract being given; but there is no doubt that the substance upon which its activity depends will, sooner or later, be discovered and it can then be used with exactness. It may then be found that it has many other uses than those now known to us.

Bone marrow is another substance that is beginning to be used. Excellent results are claimed for it in some of the severe forms of anemia. Thus we see that new remedies are being constantly added to the class and if the members of this society are persuaded to lend their assistance in determining, by clinical tests, the therapeutic value of this class of medicinal agents, of-

fering, as it seems to do, such a wide field of application, then the object of this paper will have been attained.

#### DISCUSSION.

**Dr. L. M. Halsey**, of Williamstown:—The revolt from the indiscriminate shotgun dosage left as a legacy of the mysticism of early medicine, fostered by the alchemy of the Middle Ages and cherished by a too cautious conservatism, is now, I think we have a right to congratulate ourselves, largely a matter of history. As seems inevitable in any reaction, the pendulum has swung too far.

Absorbed in the great discoveries made in the realms of pathology, physiology and pathological anatomy, the great minds of the profession had too little time to devote to the alleviation of the disorders of which a proper understanding seemed the first step toward treatment. That foundation now has been laid broad and deep, and though a vast and untrodden land still invites the investigator, yet it seems that it is not too early to expect that a commensurate advance in therapeutics should follow on the heels of wider knowledge of the phenomena of disease. Much has already been done, yet I think that we cannot but feel that the art of treatment has lagged behind. Bearing in mind that the sick man consults us, not only to know what is the matter with him, but to get well, it is high time that therapeutics came in for her share in that rigid scientific cross-questioning that has yielded such rich return in other spheres. The beginning of such a movement belongs to our own generation. One might venture to strike out on broad lines the path of the therapeutics of the future so far as the use of drugs is concerned. Based on a definite idea of the effect desired, steering a course midway between polypharmacy and therapeutic nihilism, making use of no agent that has not been shown by unequivocal scientific inquiry to give the desired effect under the given conditions, the "Science of Therapeutics," if we may use the term, will throw off the "penny in the slot" attitude that has been all too prevalent, and "be able to give a reason for the faith that is in it."

The great advance in chemistry of the last century yielded much that was of use in medicine, but failed to give us aid in many quarters in which it was badly needed. More recently attention has been directed to the complex bodies elaborated by the animal organism which have as yet resisted analysis or synthesis in the laboratory. The brilliant results which have followed the application of some of these substances as obtained in the juices of the various organs or from the blood of animals forced to defend themselves against certain bacteria or toxins have roused great hopes that we are now to have a powerful aid in combatting certain diseases which have heretofore resisted our efforts. Dr. Reading has well pointed out the remarkable results that have followed this line of treatment in certain maladies.

We have here to deal with a series of problems in physiological chemistry, the true solution of which will do much to explain natural and artificial immunity, the action of toxins and antitoxins, the bactericidal action of blood sera, the effect of oxidizing enzymes of animal and vegetable origin upon toxins of various kinds, etc. Ehrlich's theories regarding the production of



these antitoxic and bactericidal sera, so elaborately devised, constitute a working hypothesis of great value, but we need much additional knowledge concerning the nature and action of the so-called complements and anti-complements of amboceptors, of haptophore groups, of agglutinins, of precipitins and of hemolysis. The physiological chemist studies with care the important and suggestive work being carried forward by the many brilliant investigators in pathology and bacteriology, with the feeling, however, that the true explanations for most of the phenomena in question are chemical, and that the actions and interactions involved are chemical ones, to be eventually made clear by a chemical knowledge of toxic and antitoxic substances themselves, and of their alteration and combination under different physiological conditions.

The well-known natural immunity possessed by some animals toward certain diseases, together with the difficulty experienced by most micro-organisms in developing in the healthy body; a difficulty which at once disappears when from any cause the tissues of the body lose their original vitality and vigor. All point to the presence in the healthy body of certain general or specific substances which are directly deleterious to the micro-organisms. Such substances are obviously bactericidal, and it is equally plain that in the bodies of many species of animals there are specific anti-substances present which are lacking in other species, thereby explaining the natural immunity of the former towards a certain disease. As is well known, blood serum possesses, as a rule, a bactericidal power upon most micro-organisms, and we have every reason to believe in the existence of specific substances in the serum which exert some influence upon the growth and development of micro-organisms, and also upon the toxic products they elaborate. These protective substances—the alexins of Buchner—appear to be proteid in nature, resembling globulins, since they are precipitated from serum by the action of certain strong solutions of alkaline salts, such as sodium sulphate.

We know very little regarding their chemical constitution aside from the fact that they are obviously very complex, although perhaps even this point is not quite certain. However, from a study of the reactions of the various sera *in vitro* we have gained considerable knowledge of their laws of combination and the conditions necessary for their interaction. That we still know far too little is proved by the fact that even now Ehrlich and Arrhenius are engaged in a strenuous controversy as to whether these bodies conform to chemical laws in their reaction; Ehrlich affirming, Arrhenius stoutly denying it. Very little is known as to the organs or cells concerned in the production of these protective substances, though the bone marrow has been shown to perform this function in certain instances. It seems not at all improbable that all the cells of the body, both fixed and wandering, may upon occasion share in their production. However produced, or however constituted, practice outrunning theory has established certain facts which have stood the test of experience.

The curative value of appropriate sera in diphtheria, plague, and, to a less extent, in tetanus, is now admitted; while their use in a much larger number of conditions, such as tuberculosis, typhoid and streptococcus infections is being discussed and investigated, and it is not too sanguine to expect a considerable degree of success.

As a prophylactic measure, the use of protective vaccination in smallpox and rabies is beyond question, while in tetanus and typhoid there is no doubt that it has a slight value. The suggestive work now going on in connection with other infectious diseases does not yet permit of definite statements as to its therapeutic application. The Russo-Japanese war should give us results of considerable value as to the use of protective inoculation against dysentery, the specific organism of which, as you know, was discovered by the Japanese observer, Shiga. With characteristic enterprise, these wonderful people have made the huge experiment of inoculating their vast armies against the dysentery which is so fatal in that region. All reports agree that the health of the Japanese soldiers has been marvelous, but we look forward with interest to the report of the Japanese Medical Staff which will surely contain much to advance military and general medicine.

Like vaccination and serotherapy, the use of various animal juices has been foreshadowed by hundreds of years in the practice of primitive peoples who were accustomed to eat so-called noble organs, such as the heart and liver, in the belief that thereby the qualities, of which these organs were thought to be the seat, might be transferred to the consumer. This barbarous conception, in its latter-day development, has yielded good fruit. Since the introduction of the idea of internal secretion by Bernard, Schiff and Brown-Sequard organotherapy or opotherapy has been given a sound scientific basis. Practically every organ in the body has been tested for its efficacy in the treatment of some disease. Probably the most brilliant results have been obtained with thyroid extract. It has been found invaluable in the treatment of various forms of athyroidism and hypothyroidism as myxoedema, cachexia strumipriva and endemic cretinism. In certain cases of goitre, obesity, scleroderma and tetany it has been found beneficial. However, the profession should not expect too much from it. While it is indispensable in certain affections, it has been advised in many and varied disorders in which it is of very doubtful utility. Its use in exophthalmic goitre, which is, in all probability, due to hyperthyroidism, seems especially irrational. In this connection, it is interesting to note that the entire independence of the parathyroids from the thyroid gland has been proved, though it has not entirely permeated the literature. Gley was the first to call attention to this fact; but MacCallum, in this country, has been able to associate definitely the convulsive effects, formerly thought to be associated with extirpation of the thyroid gland, with loss of the parathyroids instead. Parathyroid extract administered to dogs deprived of their parathyroids has been successful in quieting the convulsive seizures, and this has suggested its use in tetany. No thorough trial of this remedy has yet been possible, but in the few cases upon which the treatment has been tried in the Johns Hopkins Hospital the results, while not brilliant, have been promising.

The lack of knowledge concerning the pathology and physiology of the thymus is a handicap in applying it to therapeutics, though Mikulicz recommends it highly in exophthalmic goitre.

The extract of the suprarenal capsule has been disappointing in Addison's disease in which we might properly have expected help from it. It is said, however, to alleviate the asthenia and



pigmentation. In bronze diabetes, in which it has been recommended, it has failed, as we might have expected from what we know of the pathology of the condition. However, the active principle, adrenalin has proved to be of great service as an haemostatic agent in ophthalmic, nasal and dental surgery. It is useful also in such conditions as keratitis, iritis, glaucoma and persistent epistaxis.

Extracts of the testicle and ovary have obtained a definite place in the treatment of the various nervous and constitutional symptoms, resulting from extirpation or insufficiency of those organs.

Most of the other glands and tissues—liver, spleen, pituitary body, pancreas, prostate, kidney, lung, bone-marrow, nervous tissue and muscle, have their enthusiastic advocates. As yet, however, they have not been proved to be of much service. Many sweeping claims have been made for sera and the organic juices that were based on no sound reasons, and were inevitably doomed to failure and oblivion. Fortunately, most of them were harmless if not helpful.

In spite of this overshooting of the mark which we always have to expect in the development of a new and promising field, I think we can feel proud of the additions to therapeutics made in the last fifteen years by the use of animal products. Moreover, the future is rosy with hope that many more effective aids in the cure and alleviation of disease will be added as a result of investigations already in progress.

**Dr. Cuthbert Wigg**, of Boonton:—I should like to recite an experience that I had in a case of inoperable fibroma of the uterus with the use of adrenalin, which I think might be interesting to the Society. Everything that was given this patient failed to control the hemorrhage, such as iron, ergot, by mouth and hypodermically, cannabis indica, gauze, tampons and hot douches, etc., all were without effect. Tamponing with astringent solutions, etc., was tried, but without avail. Finally adrenalin by the mouth controlled the hemorrhage.

**Dr. W. G. Schaffler**, of Lakewood:—It may be of interest to you to know that in Persia the doctors used a cholera antitoxin, which was procured in Switzerland, on 2000 cases as a preventive and among this number there was not a single death from cholera. This antitoxin was tried and found to do good among the European inhabitants, among the Moslems, and many others, and wherever it was used no deaths followed. This good result came from antitoxin procured from Switzerland, that from elsewhere not giving equal results.

**Dr. George E. Reading**, (closing).—I have nothing much to add to my paper. Since my paper was written, or rather gotten into shape, I have tried adrenalin on another case of inoperable carcinoma. The patient was a woman, eighty-five years of age, who had refused operation until the time for operation had passed. There was no tendency to hemorrhage and I did not think of the use of adrenalin until I had read of its good results in similar cases. During a period of three weeks there has been a decided improvement in the woman's condition. The appearance of the growth has improved and there is very little discharge. She certainly appears to be brighter and goes downstairs, a thing she had not been able to do for a long time. What the outcome will be it is as yet too early to say. There is one thing about it, while it may do good it certainly cannot do

any harm. We know that carcinoma is a disease which is accompanied by a large blood supply and seems to be more prevalent in those who are full blooded, therefore, adrenalin, being a drug which alters this condition, lessening the blood supply to the part, might produce permanent good results. I believe that it is well worth trying.

## Correspondence.

The following letters explain themselves:

RAHWAY, N. J., AUG. 16TH, '05.

To the Editor:

SIR.—Either you or I made the mistake of using the term sulphite of calcium instead of sulphide in my communication published in your last number. My attention has just been directed to it as you will see by the enclosed.

Fraternally yours,

ELIHU B. SILVERS.

1209 PACIFIC AVENUE.

ATLANTIC CITY, N. J.

Dr. E. B. Silvers, Rahway, N. J.:

DEAR DOCTOR.—On page 52 of the August issue of the JOURNAL OF THE MEDICAL SOCIETY OF NEW JERSEY, you speak of the use of calcium sulphite in the treatment of measles. Did you use the sulphite or the sulphide of calcium?

Fraternally yours,

WM. H. WALLING.

## THE A. M. A. DIRECTORY.

The publication of a directory of all licensed physicians in the United States has been contemplated by the Trustees for some time, and in their report at the Portland meeting they recommended the authorization of this work by the House of Delegates and the purchase of the Standard Directory as a valuable aid in the work. The final adoption of this recommendation elicited considerable discussion and there seemed to remain a certain amount of misunderstanding in the minds of some of the delegates. Dr. McCormack, the organizer of the Association, would not consent to continue his work unless all question of dissension or difference of opinion was settled. In order to bring the matter before a full session of the House of Delegates, Dr. Jones, of California, moved to suspend the by-laws at the afternoon session on Thursday, immediately preceding the election of officers, for the purpose of introducing a resolution. The motion to suspend the by-laws was carried unanimously and Dr. Jones introduced a resolution requesting Dr. McCormack to continue his work of organization. In speaking on the resolution, Dr. McCormack called attention to the reported lack of unanimity of feeling among the delegates, and said that his work could not be well done unless every State represented in the House of Delegates was in full understanding and accord with the movement and with the Association. A vote being then taken on the resolution, it was unanimously passed, the best of feeling prevailing and the entire matter being quite fully understood.—*California State Journal*.

**Mean medical men** cannot always lay the blame for their blunders on the nurse with impunity.

Such a person was fined \$250 recently by the court as the result of an action brought by a nurse, who alleged that the defendant had maliciously slandered her.

# THE JOURNAL

OF THE

## Medical Society of New Jersey.

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SEPTEMBER, 1905.

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*Each member of the State Society is entitled to receive a copy of the JOURNAL every month.*

*Any one failing to get the paper promptly will confer a favor upon the Publication Committee by notifying them of the fact.*

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### GREATER PROMPTNESS IN GETTING OUT THE JOURNAL.

For a number of reasons, with which it is not necessary to burden you, the JOURNAL has been late in its appearance for the past two issues. Part of the delay in getting out the August number was inevitable, and was due to the change of printers, the making out a new mailing list, etc.

If our readers will overlook these delays we will promise greater promptness in future.

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### SYPHILIS A DISEASE OF THE INNOCENT.

In a discussion of this subject reported in the *Journal of the American Medical Association* (March 4, 1905), Bulkley declared that the disease is wrongfully held to be universally a disreputable and disgraceful affair. Whereas, in his private practice one-half the cases are innocently acquired; and among the married women, who consult him on account of it, fully eighty-five per cent. have been infected through no fault of their own. No one is really safe from this infection. Every physician is in constant danger of it, and we all know of cases among our colleagues in which this terrible malady has been contracted in the examination or handling of luetic patients. Bulkley favors placing syphilis amongst the contagious diseases and putting it under the control of health boards. It should be an offense punishable by fine and imprisonment

to communicate it intentionally to another.

Naturally there would be many difficulties in the enforcement of such regulations. But they will never be enforced so long as the profession and the laity do nothing but pass resolutions in reference to them. Howard Kelly, than whom no one stands higher in the ranks of high-minded and unselfish workers for the good of mankind, thinks that far more active steps should be taken to instruct the public fully in regard to the dangers in which we all stand from this insidious and widespread evil. He would institute a moral crusade sustained by an intense sense of personal responsibility in this difficult matter.

We quote from our excellent contemporary, the *Medical Times*: "While in full agreement with Kelly, we are of the opinion that there is hardly anything so difficult to conceive as the success of such a crusade by reason of the condition of civilization in our day. An infinite amount of cant and Pharisaism would have to be set aside; an amount of courage much greater than that displayed by a soldier in battle, would have to be exhibited in the revelation of things which are now hypercritically suppressed; and a sense of charity would have to be manifested such as is not likely to be forthcoming. One thing would have to be understood before anything could be accomplished—that the root of the social evil lies not with the poor, wretched women, who are periodically raided in civic communities, but in the hearts and minds of those who evilly use them. The prostitute is not the source of the social evil; she is the product. Nothing will be accomplished until the 'unco-guid' take to heart and imitate the humanity of Him who would not accuse the adulterous woman. Most of all, would the 'society' of the present require it to be stigmatized."

Morrow thinks that the public conscience must be awakened. The present indifference, based on ignorance and fostered by cant on the one hand and by timidity on the other, and the popular notion that these diseases are simply the result of vice and there is nothing to be done except to make

long faces about the matter, must give way to a better and more practical method of dealing with the situation.

For our part we believe that the time has come when the public should be told with no uncertain voice of the evils of impure sexual relations, and as our contemporary has pointed out the blame should be laid where it belongs, at the door of the men. Perhaps not a great deal can be accomplished, but surely if it were more generally known that the principal, if not the only, cause of locomotor ataxia and paresis is syphilis and that nine-tenths of all the diseased tubes and ovaries that furnish operative cases for the gynecologist are due to gonorrhœa, it would have some effect. Surely if women knew that by marrying a man who has led an impure life they not only render themselves liable to a life of suffering and to premature death, but the chances of their begetting healthy offspring are seriously diminished, they would be more circumspect about entering into the married state.

And again if men generally appreciated that both syphilis and gonorrhœa are much more serious maladies than it is commonly believed, so much so that many cases of both are really incurable and inevitably lead to prolonged suffering and premature decay, not to mention the loathsomeness of the diseases themselves, a great deal of good could be done. At all events we sincerely hope that such a movement as Drs. Kelly and Morrow have in mind will be inaugurated and shall gladly pledge our loyal support to it.

By all means turn on the white light of truth. The simple facts are horrible enough and need no flights of the imagination to make them more revolting. Even as we write, our heart is sore as we think of a good friend and a noble member of our profession whose life is going out in darkness because of an innocent inoculation with syphilis.

A powerful reason why young people fall into sins of a sexual nature is curiosity, enhanced and made poignant by the foolish

secrecy with which we veil all these matters. If we tell them the truth we shall shame the devil and rob him of one of his most potent weapons.

### AN IMPORTANT AID IN THE FIGHT AGAINST TUBERCULOSIS.

According to the *Evening News*, the Visiting Nurses Association of Newark, N. J., has taken a most important step in conjunction with the Board of Health in the warfare against "the great white plague." The nurses have set out to inform themselves of all the cases of consumption in the city, intending to visit each one of the houses in which these patients live and see that proper measures are carried out for the correct treatment of the patient, and that the other inmates of the house are fully instructed in the precautions to be observed against contagion from the disease. The Board of Health seems to have welcomed this aid with avidity and has promised to provide spit-cups and printed cards of directions for the use of the patients.

An effort is also to be made to procure a fund for the purchase of milk and eggs which will be furnished gratuitously to those consumptives too poor to pay for them.

All this may savor of "paternalism" which is at present one of the fashionable outcries against almost any innovation which is aimed at the better care and protection of the poor. But to our mind it promises great help in the unrelenting fight against the common enemy. And in this struggle every possible help will be required before substantial progress can be made.

The next step will be to place the district nurses under the direction of the health boards. Or at least a sufficient number of nurses should be employed by the health boards to carry out the measures that are well known to be necessary to arrest the spread of this disease.

Even if we adopt the optimistic views of those who maintain that if the infection with the tubercle bacillus can be completely prevented human tuberculosis will



become a matter of history merely, it is evident that a generation or two of men will pass away before this can be accomplished, and every possible breeding place of the infection will have to be sought out and thoroughly disinfected.

Treatment of the pronounced cases in dispensaries and sanatoria will not be enough to accomplish this; the dark unsanitary dwellings of the poor must be made light and wholesome before the bacillus will cease to flourish and spread in all directions.

Furthermore, only by the work of the conscientious and well-instructed nurse can these reforms be carried out thoroughly. It is to her that we must look for the necessary help in the instruction of the poor and ignorant, amongst whom the disease has its most helpless victims. Her gentle and painstaking methods will be welcomed in the dwelling of the ordinary citizen when the direct interference of the health board would be resented.

Labor in this field is to our mind, perhaps, the noblest avocation which a woman can undertake. The task is tremendous. But who has ever known a faithful nurse to fail in her duty merely because the work has been disagreeable or its details revolting?

In this new field also she will give a good account of her stewardship if she has the proper support and encouragement.

We hope that the example of the Newark Board of Health and the Trained Nurses' Association will be followed throughout the State and, for that matter, throughout the whole civilized world.

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### DO WE REALLY NEED TEETH?

This question was seriously discussed in the section of stomatology of the American Medical Association at the recent meeting of that body. Dr. Fletcher, of Cincinnati, read a paper on the subject, which was followed by a discussion in which the opinion was advanced by some of the participants that teeth are by no means absolutely necessary for the maintainance of a fair de-

gree of health. And some severe things were said against bridge and crown work. It is undeniable that too much attention has been given to the appearance of the mouth, and that considerably more is sometimes done to the teeth than is needed. But that any one should advance such a doctrine as that human teeth are useless appendages is to our mind preposterous.

According to modern ways of thinking, it is no longer proper to meet such arguments by saying that we are born with teeth, and that if they were of no use they would not have been given us. For similar arguments would defend the presence of the gall bladder and appendix organs, the use of which, beyond the enrichment of the surgeon, no one has been able to point out.

With the teeth, the case is entirely different. Every observing physician has noted that poor teeth not only accompany ill-health, but are the cause of it. We believe that it was Sir Henry Thompson who said that false teeth may do more harm than good by enabling the aged to eat food which is not good for them. And to this opinion we most heartily subscribe. But that is far from saying that the preservation of the natural teeth is not necessary for the health, and that the state of the teeth is not an almost infallible indication of the vigor of the constitution. It is no doubt true that a person can enjoy a remarkable degree of good health on a milk diet and not use his teeth at all; and it is equally true that old people, both with and without teeth, as a rule, cut short their lives by eating too heartily, especially of nitrogenous food.

If the discussion which has called forth these remarks had been paid for by the manufacturers of the enormous mass of artificial foods which now flood the market, it could scarcely have served their purpose better as an advertisement. Nevertheless we all know of cases where dyspepsia has been cured by eating coarse food. The gentlemen who took part in the discussion all agreed that more use of the teeth is necessary for their preservation and health;

but only one or two suggested that if a man wants to preserve his health and avoid dyspepsia he must eat food that requires much mastication, and must use his teeth thoroughly at every meal.

That our jaws are growing smaller and narrower is much more probably due to our habits of eating than to a developmental condition. It is against the well-known and invariable law of nature for any unused organ to develop properly or to remain healthy. So long as Americans refuse to properly exercise and develop their teeth by eating the right sort of food and by bolting what they do eat, their teeth will be poor and undeveloped, and there will be less and less room for the despised and apparently supernumerary third molar.

We firmly believe that if Americans would reform their atrocious habit of bolting their food and would no longer insist upon having all their food so prepared that it can be easily bolted but would instead eat coarse and hard substances that require much mastication before they can be swallowed, in two or three generations their jaws will be large enough to hold thirty-two teeth without undue crowding, and there will be less talk about the coming man being edentulous.

### PHYSICAL EDUCATION OF THE INSANE.

We are greatly indebted to the *Newark Evening News* for calling our attention to the action of the Essex County Board of Freeholders in the matter of providing means in the new insane hospital for exercise and out-door recreation.

The provision of ample grounds, however, is not of itself sufficient, and we trust that the freeholders will take such steps as are necessary to make their beneficent action effective.

As soon as the institution shall be removed to Overbrook a regular system of physical education and out-door recreation should be inaugurated. To accomplish this a competent instructor or director, with assistants, as required, should be appointed,

who shall be in charge of this department and shall be responsible for its efficiency. He must of necessity be a clinician of wide experience; for the physical education of these patients will demand constant supervision to make certain that each patient is getting just the sort of exercise which his case demands and, what is of equal importance, to insure that he shall receive no bodily or mental injury from it. It must be evident to the most casual observer that a careful physical examination of each patient will be necessary before he can be allowed to engage in any sort of work or exercise. It is well known, for instance, that the insane in asylums suffer much more frequently from tuberculosis than people generally and that the physical signs in the former are apt to escape detection, inasmuch as many of them do not cough. It would, of course, be criminal to allow an insane consumptive to take violent exercise. A patient might have an undiscovered heart lesion or a hernia or his mental infirmity might contraindicate severe bodily exertion. Hence the utmost care would be requisite to determine what exercise, if any, each patient should be allowed to indulge in and the patients would require the most constant watchfulness during their exercise to ascertain its effect upon them. These observations should be carefully recorded and tabulated for future reference and guidance. These remarks are not meant to reflect in any way upon the excellent clinical skill displayed by the present asylum physicians but to emphasize the fact that the physical instructor should be a clinician of the highest order.

We think that the patients should reap an immediate and tangible reward for all the work they may do, either as wages paid according to work done, or the granting of especial privileges and favors such as more liberty, permission to play at games, etc. They should not be punished for not working, except in exceptional instances, but should be persuaded to do a certain amount of regular work fully understanding that they are to be well paid for it.

Games, such as baseball, are already sometimes indulged in by the inmates of our asylums, and the number and variety of out-door sports can fortunately be much extended at Overbrook. They are unquestionably beneficial under proper supervision. But nothing can be so helpful to the bodily, mental and spiritual condition of these patients as regular steady employment at some productive occupation.

#### OBITUARY.

**George Ayres Hewitt, M. D.,** Jefferson Medical College, Philadelphia 1877, of Philadelphia, Pa., died at Cape May, N. J., August 1, aged 57.

**Charles Paul Knight, M. D.,** Medico-Chirurgical College of Philadelphia, 1900, died at his home in Clinton, N. J., from tuberculosis, July 18, after an illness of fifteen months, aged 30. He was a member of the Hunterdon County Medical Society, and was the son and successor of Dr. Moses D. Knight, of Clinton.

**David A. Baldwin, M. D.,** died at his home in Englewood, N. J., after a long illness, aged 78. He graduated at the University of New York in 1849 and had practiced in Englewood for 30 years. Before settling in Englewood he had practiced in Rochester for 15 years. He was a member of the Society for the Relief of the Widows and Orphans of Medical Men of New Jersey. He leaves a widow and two daughters.

**Orange H. Adams, M. D.,** Dartmouth Medical School, Hanover, N. H., 1884, a member of the American Medical Association, prominent in the medical and municipal life of Vineland, N. J., died at his home in that place, from spinal paralysis, August 6, after an illness of one week, aged 49. He was a member of the Cumberland County Medical Society.

**William J. McDowell M. D.,** died in Baltimore August 3d. He was fifty-two years old and had graduated in medicine at the University of Maryland in 1874. Before settling in Baltimore he had practiced in Jersey City for six years. He leaves a widow and three sons.

**Robert Maitland Petrie, M. D.,** died suddenly from heart disease at his home in Jersey City, August 3d. He was fifty-five years old and a graduate of Princeton University. He received his degree in medicine at the University of Pennsylvania in 1869. He had a large practice in Jersey City, and was prominent in Masonic and other fraternal orders. He is survived by a widow and three young children.

**William R. Nevin, M. D.,** died suddenly on his forty-fifth birthday at his home in Jersey City, August 3d. He was a graduate of the New York Homeopathic Medical College in 1887, and had practiced in Jersey City since that date. He leaves a widow and one child.

**Charles H. Andrus, M. D.,** died at Enfield, Mass., on August 13th, at the age of eighty-one years. He was born at Windham, N. Y., and was graduated from the College of Physicians and Surgeons in New York City in 1845. He practised in Poughkeepsie before the war, and was for four years a surgeon in the U. S. Army, serving with two New York regiments during the Civil War. From 1873 to 1893 he practiced in Metuchen, N. J. Since then he has made his home with his son in Enfield.

**Edwin W. Doty, M. D.,** died on August 20th, at Dover, N. J., at the age of forty-nine years. He was born in Newark and, after having been engaged in various other pursuits, began the study of medicine, graduating from the Long Island College Hospital in 1886. He had practised in Paterson, N. J., for many years.

#### RESOLUTIONS UPON THE DEATH OF DR. ROGERS.

Alexander W. Rogers, M. D., entered into life eternal on the 14th day of May, 1905, in the 91st year of his age, and in the 69th year of his practice as a physician. In the death of Dr. Rogers the Passaic County Medical Society has lost a loyal and devoted member. His upright and honorable career in the service of mankind as a physician has afforded a notable and inspiring influence.

We shall not soon look upon his like again, but may remember his example and take up and try to do, as best we may, the duties which, for so long a time, he performed for this Society and humanity.

We shall sadly miss our kind, brave and manly associate and leader. We shall cherish his memory as a priceless possession, and endeavor to emulate his many virtues.

"In love he practiced, and in patience taught

The sacred art that battles with disease,

Nor stained by one disloyal act or thought

The holy symbol of Hippocrates."

We offer our sympathy to his family and join with them in their deep sorrow.

*Resolved,* That this record be spread on the minutes of the society, and that a copy be sent to the family, and the papers of this city.

GEORGE H. BALLERAY,

WILLIAM BLUNDELL,

WILLIAM K. NEWTON,

*Committee.*

J. WM. ATKINSON,

*President.*

E. J. MARSH, JR.,

*Secretary.*

#### In Memoriam

JOHN HOWARD PUGH M. D.

By Walter E. Hall M. D., William H. Shipps M. D. and John Cassaday M. D.

(Report of the obituary committee read at the meeting of the Burlington County Medical Society, June 14th, 1905.)

Another has fallen. This time it is our beloved friend, John Howard Pugh, M. D., of Burlington.

He was born at Unionville, Chester County,



Pa., June 23d, 1827, and died April 30th, 1905. He was the son of Elijah and Lettice Bernard Pugh, and a descendant of Daniel Pugh, who came to America from Wales in the early part of the eighteenth century and was the founder of this branch of the family.

Doctor Pugh attended school at his home, Unionville, afterward going to the Friends' school at Westtown, Pa. In 1847 he began teaching in Professor Wickersham's academy at Marietta, Pa., where he remained until 1850. He then, having determined to study medicine, matriculated at the University of Pennsylvania, from which he graduated with credit in the spring of 1852. Soon after graduation he opened an office in Bristol, Pa. Dr. Franklin Gaunt had at about the same time located in Burlington, N. J., and it is a matter of record that both of these young men attended a meeting of this society at the house of R. C. Humphrey in Mount Holly, July 12, 1853.

On account of ill health Dr. Pugh obtained a position as physician to a copper mine in Isle Royal in the northern part of Lake Superior. Residence in this salubrious locality had a most beneficial effect upon his health. During his stay there he had a variety of interesting experiences to which he often referred in after life. One circumstance in particular is of especial moment as showing his kindness of heart and his devotion to his profession. The company shipped their ore to market by steamboats on which the miners and their families were at times permitted to travel to the scattered settlements along the lake shore. On the occasion referred to, the doctor was on board one of the steamers in company with some of the miners and their wives; one of the latter became so ill that her condition was critical and it was necessary to put her ashore. Finding that there was no medical man anywhere in that region, the doctor gave up his trip and went ashore and remained there taking care of the sick woman until the vessel returned and took him aboard three days later.

In the spring of 1854 Dr. Pugh settled in Burlington, where he remained in active practice until his death, fifty-one years afterwards. He came to the place an entire stranger, but by his skill as a physician and his strong personality soon won for himself a host of friends and a large practice. About this time he married Susan Rhinehart, of Marietta, Pa., who, with two daughters, survives him.

From the moment of his arrival in Burlington until his death he took the liveliest interest in everything connected with the place. For the last thirty-six years of his life he was president of the Mechanics National Bank. He was president of the Burlington City Loan and Trust Company from its inception and vice-president of the Library Company, as well as president of the Burlington County Medical Society. For fifty years he was a member of St. Mary's Episcopal church, being for nearly all of this time an official of the church and afterward the senior warden. For forty-seven years he was a delegate to the diocesan convention and had not failed to attend a convention in all these years, a fact to which Bishop Scarborough called attention at one of the monthly meetings. His recognized Christian character and his honorable dealings made his life an example to all with whom he came in contact. From early life a member of the church militant he has gone to join the "Church Trium-

phant," which is "without fault or blemish or any such thing."

Dr. Pugh joined the Burlington County Medical Society in 1854, and with the exception of Dr. J. D. Young, of Bordentown, who joined in 1851, was the oldest member of this society, and its permanent delegate to the State society. He was also a member of the American Medical Association. He was one of the most regular attendants at our county society meetings, and no one took a more active interest in its deliberations. Since our organization, seventy-six years ago, it is safe to state that no other member has filled the office of president so many times or so ably as our deceased friend.

He was present at our meeting last January at Moorestown and was reelected president. We shall long remember his bright and witty address. No paper read before the society in the last twenty-five years has caused so much merriment and called forth so much applause. When it is remembered that at that time he was suffering severe pain and that his sleep had been much disturbed by a cancerous growth, which three months later caused his death, his cheerfulness and wit were simply amazing.

He never sought political office, although he served a term in the city council and was a member of the State Board of Education and of the Board of Drainage Commissioners. In 1876 he was elected to Congress by the Republicans of the Second Congressional district. He served acceptably and was renominated in 1878, but suffered defeat by a small majority. While in Congress he was associated with the late William McKinley and kept up his acquaintance until President McKinley was murdered. During the Civil War Dr. Pugh labored with voice and pen to uphold the Union cause and served without compensation on the corps of physicians at the U. S. General Hospital at Beverly, N. J.

His final sickness cast a gloom over the entire community. He was known and loved by all classes of society. His life had been so upright, pure and generous and his public and professional activities had been so varied and fruitful that it has been truly said of him that "he was the greatest citizen that Burlington has ever known."

His spirit entered the rest of Paradise near the hour of midnight, and the city knew of its passing by the tolling of that bell in old St. Mary's. At the time of the funeral the flags on the public buildings and on the vessels in the river were at half-mast and all offices, stores and factories in the city were closed, many shutters were drawn and the streets had the appearance of a Sabbath day. The church could not hold the sorrowing multitude that wished to do homage to his memory. Included in this throng were many members of this society and medical brethren from other parts of the State and from Pennsylvania, as well as the clergy of several denominations and well-known lawyers.

His remains were laid at rest in the adjacent church yard. We shall see him no more, but his memory will never fade away.

During the past five years this society has lost by death five of its oldest members: First, Dr. Franklin Gaunt, aged seventy-eight; then Dr. William Martin, aged seventy-eight; then Dr. Addison W. Taylor, aged fifty-nine; then Dr. N. Newlin Stokes, aged seventy-one; and Dr. J. Howard Pugh, aged seventy-eight.

## State Society Notes.

### PRIZE ESSAY.

This prize was instituted by the Medical Society of New Jersey at the annual meeting in 1905, and is open for competition to the members of the Component (County) Medical Societies.

The subject chosen is "The Symptoms, Etiology, Pathology and Treatment of Pneumonia."

The essays must be signed with an assumed name and have a motto, both of which shall be enclosed in a sealed envelope containing the author's name, residence and component society.

The essay shall contain not more than 4,000 words, and must be characterized by originality in investigation and thought, and by clearness and conciseness of expression, and be, in the judgment of the committee, of decided value to the members of this society, and to the profession generally. Failing in these respects, no award will be made.

The essays, which should be type-written, with the sealed envelope, must be placed in the hands of the committee on or before the first day of May, 1906.

The committee will select the first two essays in order of merit. To the first will be awarded the prize of one hundred dollars, to the second that of honorary mention.

The unsuccessful authors will receive back their essays upon their identification to the chairman of the committee. The successful essay will be the property of the society and be published in its transactions.

CHARLES J. KIPP, Newark, *Chairman.*

WALTER B. JOHNSON, Paterson.

DAVID C. ENGLISH, New Brunswick.

*Committee.*

## News from the Counties.

### A TRIBUTE TO OUR DECEASED MEMBERS.

By Alexander Marcy Jr. M. D.

*Mr. President, and Gentlemen, Fellowmembers of the Burlington County Medical Society:*

This meeting, to me, is particularly sad. Since we last met, two of our associates have been taken from us, one of them our honored president, both of them old and

faithful members of this society. To me it means more than the loss of fellowmembers, it means the loss of personal friends.

In a little more than one year we have lost three of our noblest and most valued members, our faithful secretary, our honored president, and an old and conspicuous member. It will be very hard to fill their places. They were, all of them, types of full rounded manhood that is growing scarcer as the years go by. A gentleman, each of them, in everything that the name implies, courteous, honorable, faithful.

It was my privilege as well as pleasure to attend them during their last illness, and while each was suffering from an incurable malady, it was a satisfaction to be able to do some little thing which added to their comfort, and which helped to smooth their pathway to the grave.

As they were marked men in the communities in which they lived, and had each attained the fullest measure of success as practitioners of medicine, I have wondered what was the one thing in common which they all possessed, that enabled them to accomplish such magnificent results, and that so endeared them to the people with whom they lived and whom they served. To my way of thinking it is very plain. They were all of them Christian men, and exemplified the highest type of Christian manhood. This had made them faithful, tender and true. True to their God, to their fellowmen and to themselves.

Talented men, all of them, earnest students, faithful practitioners, they could not help but succeed in anything that they undertook. For their example they followed in the footsteps of the Great Physician, and each life was ended full to overflowing with honor, with achievement, with blessing, and to each has come the welcome message: "Well done, thou good and faithful servant; enter thou into the joy of thy Lord." What an inspiration to us. Can any one of us fail to catch the message? Shall we be satisfied with less than they were, will we not all strive to emulate their example, and while we may fail to attain as high a place as they did, will it not be worth while to strive for it?

What was the potent influence which made these men Christians and so well beloved? What so moulded and developed their characters? Was it accidental that these men became such conspicuous members of our society and of society at large? I think not. They were born of Godly parents and to this influence and environment

I attribute all their success in life. What a heritage, gentlemen, and what a powerful influence in the development of character.

May we all pattern our lives after these our friends, and success will be ours in this life and a very great reward will await us in the great hereafter.

The April meeting of the Passaic County Medical Society was the sixtieth anniversary of the admission to membership in the society of Dr. Alexander W. Rogers, of Paterson, and the fifty-fifth of the admission of Dr. Richard A. Terhune, of Passaic. Dr. Rogers has since passed away. It is doubtful if any other county society can boast, even for so short a time, two memberships, which together extend over a period of one hundred and fifteen years.

*New members of the American Medical Association from New Jersey:*

Baker, R. D., Summit.  
Drummond, E. A., Newark.  
Hoagland, G. G., Keyport.  
Leonard, E., Jersey City.  
Martland, W. H., Newark.

#### THE LATEST IN PHYSICAL CULTURE.

The high development of the American woman is mainly due to her ability to adapt herself to her environment. She is able to turn even the little miseries of life to her advantage. A fine example of how this evolutionary process works was given by our astute friend, Miss Elizabeth White, Professor of Physical Beauty, before the Dressmakers' Protective Association. She insisted, as usual, that all women may have a figure if they want to. "Every morning," she said, "when you get up you must exercise for twelve minutes and again before you go to bed. You will have plenty of time to exercise your neck, for we never get seats in the cars any more, and there is no better way to go on with your double chin exercise than with the car strap. You cling on and raising your chin turn your head to one side and then to the other. People will think you are reading the advertisements. Never mind the men, let them sit down and get fat." The dividends are in the straps as far as the Interborough is concerned. But beauty is also in the straps. The hog sits and puts on flesh as a hog should. But our sisters, our cousins and our aunts will have the consolation of knowing that among the mere men who hide their faces behind their newspapers are some who are not thinking of their own comfort, but of the higher development of that noblest work of Providence, the American woman. Truly nature moves in a mysterious way its wonders to perform.—*The Sun*.

A somewhat illiterate man explained his failure to pass a life insurance examination as follows: "The doctor said that my salvation glands insisted my indigestion so much that I had a torpedo liver. And was liable to go off any minute.

Individuals with bluish sclerotics, and with dark lanugo over the upper part of the back are usually of tuberculosis diathesis; and these signs are not inconsequential in making a diagnosis.

#### A STATE SCHOOL OF SANITATION.

The New Jersey State Board of Health has appointed a commission to consider the proposition of establishing a State School of Sanitation for the purpose of instructing health officers in the duties of their positions, particularly during epidemics of infectious diseases. The method proposed is to hold conferences in the various cities of the State at which the instruction will be given to be followed by practical demonstrations. The school in each city is to be made available to all applicants in that section, so that the whole State may be covered. The members of the commission are as follows: Dr. B. Van D. Hedges, of Plainfield; Professor E. H. Loomis, of Princeton University; Francis H. McGee, of Attorney-General McCarter's office; R. B. Fitz-Randolph, State Director of the Laboratory of Hygiene, and Dr. John L. Leal, of Paterson.—*Medical Record*.

#### CLUB HOLDS ANNUAL MEETING.

At the annual dinner of the Physicians' and Surgeons' Club of Jersey City, the retiring president, Dr. Henry H. Brinkerhoff, was presented with a silver loving cup by members of the club. The following officers were elected: President, Dr. Christopher D. Hill; vice-president, Dr. Henry J. Bogardus, and secretary-treasurer, Dr. N. Frederick Feury.

#### MAKING A DIAGNOSIS.

"Your husband, Mrs. Muggleby, is suffering from a complication of diseases," said the doctor. "I must first make a diagnosis."

"I hope you can make it of calico, then," was the good soul's reply, "for I haven't a piece of flannel in the house."—*Doctor*.

New York has provided for a hospital jail for inebriates or drug habitues. Such may be committed by city magistrates or Supreme Court judges. Excise money will pay for building and site. Every city should have the privilege of such an institution. Confirmed drunkards would have a powerful bracer in the fact that on release the mere fact of drunkenness would suffice to return them to the detention hospital.

The Illinois Legislature adjourned leaving unpassed six osteopathic bills, two optometry bills and one anti-vivisection.

During 1904 three thousand men fell dead suddenly in New York City, an increase of five hundred over any previous year. During the first three months of 1905 there were seventeen hundred sudden deaths. Surely the pace that kills is set in that city.

At a dinner given in his honor, on May 2d, in New York, Dr. Osler expounded his three rules of conduct—to do the day's work well, unthinking of the morrow; to follow the golden rule, and to cultivate a certain measure of equanimity.

Christian Science Mother—Eleanor, what is the matter?

Christian Science Child—Oh, mamma, I got a terrible error of the mind in my stomach.—*Massachusetts Medical Journal*.

*The Riforma Medica* says that the people of Italy consume six tons of quinine yearly.



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## DIFFICULTIES IN THE DIAGNOSIS OF ABDOMINAL CONDITIONS.\*

By Richard P. Francis, M. D.,

Surgeon to the Mountainside Hospital,  
Montclair, N. J.

Every practicing physician or surgeon has unquestionably been puzzled many times by the difficulty of making a correct diagnosis in cases of disease or injury of the abdomen or its contents. This paper is written, in the main, from the standpoint of the general practitioner, and it is hoped that even though no new facts may be elucidated the emphasis laid upon old ones, which may be sometimes overlooked, will be of use.

The following cases, which not long ago were under the care of the writer, will serve as a hook on which to hang the remainder of this paper:

The first one is that of a young woman twenty-one years old of a neurotic temperament. In the spring of 1902 she had a mild attack of appendicitis. Shortly after her recovery from this her appendix was removed at an interval operation by one of the leading surgeons of New York. Convalescence was rapid and uneventful, and in about a month the patient was married and at once went to Europe for the honeymoon. On her return in the fall she reported that there had been more or less constant pain in the region of the scar, a dragging, bearing-down pain, that was at times very severe. She also stated that she was about three months pregnant. Examination showed no cause for the tenderness which

was marked on palpation and also on bimanual examination. The right ovary seemed normal and the only explanation offered for the pain was that there might be some adhesion at the appendix stump. From this time until the confinement, which occurred on February 14th, the patient was in bed the greater part of the time, as the pain prevented her from having any comfort except in the horizontal position. She was seen in consultation by an eminent obstetrician from New York, who agreed that there were probably adhesions in the painful region and that the stretching of these adhesions by the enlargement of the uterus was undoubtedly the cause of the continuous, nagging pain. Local applications, external or vaginal, failed to give any pronounced relief; though the use of ichthyol was more satisfactory than any other medicament. Hot douches gave pronounced discomfort. Morphine had to be used several times, but, fortunately no habit was induced. In spite of the confinement in bed and the almost constant distress the patient kept in good general condition and the termination of the pregnancy was not attended by any complications that could be attributed to the previously recognized ailments. A severe postpartum hemorrhage delayed the convalescence considerably, but by the first of May the mother and child were in good health and there was but little of the old tenderness remaining. In the fall, however, it had returned with more severity, but was not sufficient to keep the patient in bed. At this time an operation was recommended but for various reasons was postponed, and all through the following winter and spring the patient was in a state of semi-invalidism. It now seemed probable that the pain was from the ovary as that organ was very tender to palpation.

In October, 1904, the patient finally consented to have the ovary removed and this was done by the writer at the Mountainside Hospital, Montclair. The patient made an uninterrupted convalescence and has been well since. The conditions found at the operation were interesting, mainly from the lack of abnormalities. There was absolutely no sign of adhesion, either old or recent. The head of the caecum was perfectly

\* Read at the 139th annual meeting of the Medical Society of New Jersey.

smooth, and as the stump of the appendix had been inverted there was no visible scar. The right ovary was somewhat enlarged and congested and on its surface was a small cyst, the size of a pea; the uterus and other ovary were normal. Had not the patient suffered with pain for such a long time, removal of the not very abnormal ovary would hardly have seemed justifiable. But as no other cause could be found to account for the symptoms, ovariectomy was performed and the result seems to have warranted the procedure; though those who have followed the case from the beginning cannot help feeling that the moral effect of the operation may perhaps have had as much to do with the cure of the symptoms as the removal of the ovary.

Another case of doubtful diagnosis recently came under the care of the writer. In March of the present year a Swedish girl, twenty-eight years old, was seen who complained of pain in the right lower side of the abdomen. Two and a half years before this, an Alexander operation had been performed on her at one of the large New York hospitals for the cure of a retroverted uterus and about eight months later a ventral fixation was performed at the same hospital, the good result of the Alexander operation not being permanent. A year after this an interval operation for chronic appendicitis was performed and there was quick and complete recovery from this, but the patient continued to complain of pain in the right iliac fossa and was able to follow her occupation of seamstress only with difficulty, owing to this pain and to a general neurasthenic condition. When first seen by the writer examination showed a fairly well nourished, rather anaemic woman; in the right iliac fossa, under the scar of the appendix operation, could be felt a smooth, round tumor the size of a hen's egg. It was slightly movable and was tender; a short distance below the ribs on the same side a movable mass could be felt that was thought to be a movable kidney. The patient was sent to the Mountinside Hospital and there the observations of the writer were confirmed by several doctors. The uterus was in normal position, or rather, snug against the abdominal wall after the ventral fixation, and the left ovary showed no abnormality. Whether or not the right ovary was connected with the mass felt in the iliac fossa was an open question, but the weight of opinion was that it was not. When the patient was etherized for operation, examination showed that the tumor in the right iliac fossa seemed decidedly diminished in size; and this showed that in all probability it had been caused in part at least by contraction of the rectus muscle. An incision was made alongside of the muscle and much to the surprise of all present no tumor could be felt, nor could one be seen when the incision was enlarged and a good view obtained of the structures beneath. The ovary was normal. The scar of the inverted appendix stump could be seen free from adhesions. The right kidney was palpated and was in its normal position; the gall bladder was normal. The ascending colon, for a distance of some four inches upward from the caecum, was bound down to the posterior abdominal parietes by old adhesions that were fairly firm. These were tied off by numerous sutures and the wound closed. The patient made an uninterrupted convalescence and experienced complete and permanent relief from the pain. Examination about three weeks after the operation developed the interesting fact that,

objectively, apparently the same condition existed as before, though the pain had not returned—that is, a tumor could distinctly be felt in the right iliac fossa. Of course there is no doubt that it was a “phantom” tumor caused by muscular contraction, and it seems not unlikely that the patient, having had four operations, is becoming one of those hysterical women who take pleasure in being “cut open.”

What are the particular points of information to be gained from a study of these two cases; the first one considered to have intestinal adhesions, when there were none, the other not considered to have adhesions when these were present? Could the mistaken diagnosis in either case have been avoided? It is fortunate that in each case the operation showed abnormal conditions which demanded attention, and the patient was in improved health afterward.

The diagnosis of abdominal conditions is often difficult, and may demand the highest degree of knowledge and training. The ability to make a correct diagnosis depends to a large extent on the observer, as some seem to be gifted with special ability in that art.

We can all recall eminent men with whom we have consulted, some of whom have the reputation of being “great on diagnosis” but of giving little help in suggesting treatment, and others whose ability to give valuable therapeutic advice is of much greater use than their diagnostic acumen. “Facility in diagnosing is a gift which, though capable of being learned as an art by any competent and diligent student, is by some few acquired naturally, so that the diagnosis of even obscure and difficult cases is made out very rapidly by mental processes and methods almost incapable of description.” (Mayo Robinson, in *International Surgery*, Vol. II, p. 289.)

If to this natural aptitude is added the patience to thoroughly investigate each sign and symptom however trivial it may seem, and the opportunities, given to comparatively few, to make examinations of many cases, the physician or surgeon may, with patience and perseverance, without which no success is attained, reach the enviable position of an expert diagnostician. The “educated touch” is of course the all-important factor in this field, and only patient and persistent labor will enable one to obtain that wished for faculty. “The ability to see with the end of the finger” is acquired by far too few among us, and is due to the fact that there are only a few who are truly hard and steadfast workers.

Assuming then, that the examiner is well

prepared by training and experience for his work, what are some of the difficulties he is most likely to encounter in investigating conditions found in the abdominal cavity? At the risk of reciting many things that are familiar to all of you, I will venture to make certain detailed statements regarding the best methods to be employed in making an examination of the abdomen.

It is, of course, essential that the patient should be resting comfortably on the back on a sufficiently high bed or table, with no covering over the belly and all tight clothing removed. The examiner should likewise have a comfortable position, preferably seated, so that he may enjoy easy and free movement of his arms, hands and fingers. Most men prefer to be on the right of the patient, but this is largely a matter of habit. Before beginning the physical examination, the examiner should obtain a history of the case and endeavor to get the patient's confidence by well directed questions. While talking the examiner can be inspecting the abdomen and obtain valuable information by noting its contour, whether rounded, flat or sunken, and the extent of the respiratory movement, and also noting the position of the patient, whether resting quietly with the legs extended—the natural posture—or whether with one or both legs flexed. Kelly has emphasized the point that often, in a case of acute appendicitis the most striking feature on inspection will be that the right thigh is flexed so that the muscles on that side may be relaxed. A localized abdominal swelling may be often seen on inspection and its position is of great importance as it may be due to the presence of gas in the bowels, to tumors, solid or fluid, to free fluid in the abdominal cavity, or to several of these causes combined. Changing the position of the patient will throw light on the character of the tumor, as in some instances it will change its shape or position or both and in others remain unaltered. The extent of the respiratory movement of the abdominal wall may give a hint whether the trouble is of an inflammatory nature or not; diminished or absent movement indicating that the muscles are held rigid so that motion may not cause pain by the friction of inflamed surfaces.

*Palpation* is probably the greatest aid the diagnostician has in determining abdominal conditions and it is in practicing this art that skill, education, practice and intuition prove their value. The "tactus eruditus", of which mention has already been made,

can be acquired to a greater or less degree by any one; with it, there is a chance of making a correct diagnosis in even the most obscure case; without it, the simplest case becomes an inscrutable enigma. All examinations should be conducted slowly and systematically. It is often advisable to leave until the last the examination of the locality where it is suspected the main cause of trouble lies. With the tips of the fingers the surgeon first makes an examination of the abdominal surface—noting irregularities of outline and obtaining some idea of the character of the underlying contents, whether solid, liquid or gaseous. It is desirable that during the entire palpation the attention of the patient should be diverted as much as possible from what the examiner is doing, so that the muscles may be relaxed to the greatest possible degree; for muscular resistance and rigidity are often sources of grave error—a tense rectus may simulate a tumor or may prevent examination of what is beneath it. It is well to have the patient's head and shoulders raised and the thighs flexed so that the abdominal muscles may be put on the stretch as little as possible. It goes without saying that the character of the abdominal wall makes a great difference as to the facility with which a diagnosis can be reached, it being comparatively easy to feel through a wall which contains but little adipose tissue and poorly developed muscles, while a fat wall, be it muscular or not, may give almost insurmountable difficulties.

*Deep palpation* is best practiced with the tips of one or two fingers only and it is of great assistance to superimpose on these fingers the fingers of the other hand, for by so doing additional pressure is obtained over the particular spot that is being examined. Much can be learned by comparing the amount of resistance offered by the two sides of the abdomen—an increased resistance on one side pointing to sensitiveness and very likely to inflammation. The instrument described by Kelly in his recent work on appendicitis, the *piezometer*, would seem to be of much assistance for this particular purpose. In a thin unresisting subject many of the abdominal organs can be mapped out by palpation and when to this is added bi-manual examination of the extreme upper abdomen and of the pelvic region there is practically no part of the abdomen which can not be reached. In women the ease with which the pelvis can be explored is of great assistance and even in men and children the finger in the



rectum can often give information of conditions in the vicinity of that organ. This point is emphasized in a short editorial in the *Medical Record* of June 10, 1905, which reviews an article by Carpenter in *British Journal of Child-Diseases*, for May, on the need of "Making Rectal Examinations in Children." He points out that bimanual examinations in pelvic and abdominal affections of childhood are of very considerable importance. He describes how such examinations should be conducted and asserts that by following this course the whole of the pelvis can be readily explored and abnormalities which occasion ill health and which otherwise would escape detection will be discovered with certainty. The fact is emphasized that there are a number of cases of localized gonorrhoeal peritonitis on record, the cases being incomplete by reason of the absence of a bimanual examination. Tuberculosis of the seminal vesicles in association with tubercular peritonitis is occasionally discovered by rectal examination. Bimanual examination of the abdominal cavity is, according to Dr. Carpenter, of great importance in the diagnosis of affections of obscure origin. In tubercular peritonitis this mode of examination is especially valuable. "If, on bimanual examination, there be an excess of tissue between the examining fingers there need be no hesitation in deciding in favor of tubercular peritonitis."

When the patient is very nervous and sensitive and is unable to relax the muscles it is sometimes impossible to make a satisfactory diagnosis unless a general anaesthetic is employed—although the need of this is generally inversely proportional to the diagnostic skill of the examiner, and indeed some leading writers state that a general anaesthetic is very rarely necessary.

After palpation, *percussion*.—By this can be determined the position and condition of the bowels, by the tympanitic note, and also the character of tumors. M. L. Harris, in *Journal American Medical Association*, 1899, Vol. XXXII, p. 335, calls attention to the value of the distension of the colon by air as an aid in diagnosis—"Air is superior to fluid as the latter often causes pain and the colon is not so easily mapped out when filled with fluid as when filled with air. Before the air is pumped into the colon, the bowels should be thoroughly moved and the outline of the tumor plainly marked on the surface of the ab-

domen." The mesocolon naturally divides the abdomen into four spaces—right and left lateral, a supracolic and an infracolic or central space and the distension of the colon will at once show in which region the tumor is situated and whether it lies in front of or behind the colon."—Harris emphasizes two points: "1. The great importance, clinically and diagnostically, of the subdivision of the abdominal cavity as here outlined. 2. The characteristic relation of the colon, or some part of it, to most intra-abdominal tumors, an accurate knowledge of which is of greater diagnostic importance than any other single point."

After the patient has been examined in the horizontal position it is often useful and necessary that he should be examined when standing as the change of posture may make marked changes in the position of the abdominal contents. This is particularly true of conditions in and about the pelvis.

It may be well to emphasize the fact that in every case, wherein the condition of the patient admits, there should be a complete and thorough examination not only of the abdomen but of the whole patient. One who is not careful and conscientious is often tempted to be content with finding one fairly evident abnormality and to forget that there may be other conditions, not so easily discovered, which demand at least recognition if not treatment. This is emphasized by Kelly in his work on "The Vermiform Appendix and its Diseases" (p. 407) where he says—"Finally, when the diagnosis has been made (by carefully weighing the subjective and objective symptoms) it should be confirmed by a general examination of the patient in order to verify it by exclusion and thus avoid the chagrin of operating for a supposed appendicitis and finding a case of perhaps thoracic disease of pronounced abdominal manifestation."

And Spellissy in the *Annals of Surgery*, Vol. 35, p. 783, in a most interesting and instructive article on "Abscesses Mistaken for Appendicitis" relates a case of a girl who was sent to the Pennsylvania Hospital for appendicitis. Examination confirmed the diagnosis "Her abdomen, flanks and lumbar region posterior were examined by bimanual palpation without turning her back to view. When questioned regarding previous trouble in the back she denied its existence." Operation was performed and a slightly congested appendix removed. Five days after operation it was found on attempting to pass a binder under the pa-

tient that the back was very sensitive. "She was turned on her side and a large fluctuating mass was found extending over both lumbar regions." This "proved to be a very large and foul lumbar abscess containing much necrotic material." In two days the patient died but no autopsy could be obtained. The diagnosis was revised to that of perinephritic abscess. The author concludes the report as follows:—"It is the sin of omission in not viewing the patient's back in this case, despite her assertion that it was sound, which inspired this paper."

Dr. George E. Brewer, in a paper on "Diagnosis and Treatment of Abdominal Contusions" (*Ann. Surg.* Vol. 37, p. 197) emphasizes the same point. He says "these injuries result from a great variety of traumatisms, such as blows, kicks, falls, crushes, railway accidents, and the passage across the trunk of the wheel of a truck or other heavy vehicle. They are not infrequently associated with other lesions, as fracture of the ribs or of the extremities, dislocation, head or spinal injuries, the symptoms of which may completely overshadow those of the abdominal lesion and cause it to be overlooked. In these cases there is frequently no history of an injury to the abdominal wall, no mark of traumatism and no complaint of abdominal pain."

The skillful surgery of the present day which enables operations to be performed with a minimum amount of risk from shock or sepsis, has given another means of diagnosis of abdominal conditions that can be employed when other methods have failed—or at least have not been conclusive. Exploratory laparotomy is a most valuable aid to our diagnostic armamentarium for it enables us to actually examine by sight and touch conditions that without it may be involved in the greatest obscurity. Of course, as a means of diagnosis, it should be reserved as a last resort and should never be undertaken unless the operator is ready to continue his work and do what may be necessary to remedy any pathological condition that may be found. And even the advisability of performing it can not be easily determined. The mental attitude of the examiner is an all important factor in this respect. Contrast these two statements made by two eminent surgeons in reference to operations in cases of abdominal injury. Dr. Brewer in the article already quoted (p. 215) states "Visceral injuries of the types illustrated by the foregoing cases are for obvious reasons nec-

essarily fatal unless promptly relieved by surgical measures. One must not judge of the gravity of the injury by the degree of initial shock. Pain, tenderness and muscular rigidity are often the only symptoms during the first few hours after the receipt of an injury and the occurrence of these three symptoms following an abdominal traumatism should be regarded as a positive indication for an exploratory laparotomy. To delay exploration for the occurrence of other more characteristic and localized symptoms is but to invite disaster, as the resistance of the individual after the receipt of the severe visceral injury diminishes with every hour of delay and the only hope of his being able to withstand the added shock of a severe surgical operation is to inaugurate the treatment at the earliest possible moment."

Dr. Robert E. Le Conte, on the other hand, in an article on "Intestinal Injury from Contusion" (*Ann. Surg.* Vol. 37, p. 537) states "A moderately assured diagnosis of grave injuries must be made before operation is undertaken, or we will open many abdomens to find the trauma confined to the abdominal wall. In a series of one hundred consecutive cases of abdominal contusion as they enter a general hospital, perhaps thirty or forty will have received a grave injury demanding operation while the other sixty or seventy recover without any operative procedure. For the sake of argument, I am willing to grant that if the abdomen is immediately opened in each of the one hundred cases there will result a smaller percentage of deaths than if the surgeon waits for some other symptoms of intestinal damage. But can we call such radical and empirical treatment the science or surgery? Would any of us receiving a blow on the stomach sufficient to shock and nauseate say, "Have Dr. ——— see me, for I want my abdomen opened at once?" Answering for myself, I say "No," for I should wish the surgeon in attendance to be moderately assured of his diagnosis before I took that smallest of risks, viz., an abdominal section in the hands of the most skillful surgeon. If I were one who always, without exception, advocated operation in appendicitis as soon as the diagnosis is made, I could with greater force urge immediate operation in all cases of abdominal contusion. The teaching of many of the modern writers when they urge operation in all cases presenting pain, rigidity and local tenderness seems to me too radi-



cal, for we have various kinds of pain and tenderness and different degrees of rigidity, and many times these symptoms are due to injury of the abdominal wall alone. My belief, then, is that we should wait for some symptom or symptoms indicative of intestinal injury."

In other abdominal conditions the same doubt may often exist as to the advisability of performing an exploratory operation. In cases of suspected appendicitis, cholecystitis or other inflammations, perforations of gastric or intestinal ulcers, intestinal obstruction from any cause and in other acute conditions the necessity of prompt decision is imperative as delay may greatly diminish the chances of the patient's recovery and, on the other hand, to find that radical measures have been taken without sufficient cause shows poor judgment and lack of ability to correctly interpret signs and symptoms. In illustration the writer may briefly mention the case of a woman past middle life, in good general health, who last fall was taken suddenly ill with vomiting and abdominal pain for which no cause could be assigned; the usual remedies gave some relief and the lower bowels were emptied with the aid of an enema. Not until 36 hours had passed was any apprehension felt, as the patient was in good condition and examination could detect nothing abnormal in the abdomen; as the patient was very fleshy, this examination was not satisfactory. As the vomiting and pain persisted an eminent surgeon from a neighboring city was called in consultation. At this time it was thought that a large mass could be felt in the right lower abdomen and the provisional diagnosis was made of ovarian cyst with possibly a twisted pedicle or an intestinal obstruction due to some unknown cause. As examination showed some fecal matter in the rectum it was thought that the latter condition was not probable and as there was no evidence of beginning shock, it was deemed safe to delay operation in the hope that conditions would improve. In about 15 hours, however, there was a distinct change for the worse and the vomitus had a slight fecal odor. Owing to unavoidable delays the consultant could not reach the house until four or five hours later. A median laparotomy was at once performed, the writer assisting, and a coil of small intestine, nearly a foot long was found constricted by a band and gangrenous. This was resected and an end-to-end anastomosis made. The patient stood the operation well but the intestines refused to resume their

peristaltic action and the patient died in two days. In this case an operation done twenty-four hours earlier when the true condition was only *suspected*, but not by any means certain, might have given a different result. On the other hand the age of the patient (65), her not very vigorous health, her corpulency (implying a fatty heart) and her comparatively good general condition at the time of the first consultation were all weighty factors in the decision that there was no great risk in waiting.

The following conclusions are to be drawn from this paper:

(1) Diagnosis of abdominal conditions depends very largely on the skill and training of the examiner as well as on the physical and other characteristics of the patient.

(2) Examination should be systematic and thorough.

(3) Inspection, palpation and percussion, with the patient both supine and erect are the best means of diagnosis.

(4) Bimanual examination and particularly examination of the pelvis should never be omitted.

(5) A general anaesthetic is sometimes, though rarely needed.

(6) It is very important that not only the entire abdomen but entire body should be examined so that the condition of every organ can be noted.

(7) Exploratory laparotomy is often warranted in doubtful cases and the decision when to employ it is one of the nicest points in modern surgery.

#### DR. WYETH'S DISCUSSION OF DR. FRANCIS PAPER.

I shall direct my discussion of the difficulties in the diagnosis of abdominal conditions more to the laboratory side than to that of a diagnosis based upon physical signs or clinical symptoms.

The surgeon of experience soon learns that it requires more than asepsis and the knowledge of technique to achieve the best measure of success, that preoperative diagnosis is of vast importance, and that this is impossible without calling into requisition the invaluable aid, which laboratory research alone can give, in determining an accurate diagnosis.

Scarcely a week goes by in my own experience when I am not driven to the laboratory for help. In many of the abdominal lesions, especially those located in that battle-ground of surgery, the right iliac fossa, where the physical signs and the febrile movement may suggest either beginning typhoid, intestinal toxemia or a pyogenic sepsis, an early diagnosis may be determined in no other way than by the laboratory. Its value is accentuated in the knowledge that the safety of the patient hangs upon even a few hours time. The pulse and the temperature of a commencing typhoid may well be mistaken for the pulse and temperature of an appendicitis, pain and muscular



resistance over the right iliac and the right abdominal region in many instances are practically alike, the nausea, vomiting and general sense of uneasiness point neither directly to the one nor to the other disease, but in a crucial test by Widal's reaction with the blood count pointing to the presence or absence of a leucocytosis the question is quickly settled. I have seen all the symptoms of appendicitis present in which the blood count contradicted a pyogenic sepsis and in which Widal's reaction told the story of typhoid. On the contrary, I have dealt with cases which ordinarily would have been most perplexing in which all the symptoms of typhoid prevailed at a period when it was too early to recognize this disease by Widal's test and a leucocytosis of fifteen to twenty thousand proved that the case was one for immediate operation at the earliest possible moment.

In a case just dismissed from the Polyclinic pavilion, a young woman of twenty-one was brought under my observation and care, having, as described to me by the family physician, had an appendicitis for three days. Her temperature had gone as high as 102, and there had been (as described) pains in the right iliac fossa, and she was brought to the hospital to be operated upon at once for appendicular disease. The administration of a full dose of castor oil with the very free purgation which followed carried the temperature down to the normal. In the afternoon of each day for three following days the temperature rose from the normal to 100, simulating a beginning typhoid movement. The girl developed hallucinations and seemingly a delirium of such nature that an extra nurse was required to hold her in bed for two nights and a day. A careful blood count, repeated on several occasions, showed no leucocytosis, while the absence of Widal's reaction convinced us that typhoid fever was not present. She was given quarter of a grain of calomel triturates at repeated intervals until thorough movements of the bowels were caused, and with the intestinal asepsis which calomel has so often secured for my patients, her temperature disappeared and the symptoms of delirium vanished and the patient made an uninterrupted recovery, developing no typhoid, no appendicitis, and having had nothing but an intestinal toxemia with hysterical symptoms associated with the menstrual period in a girl naturally excitable and who had been suffering from symptoms of indigestion for two or three weeks.

Bacteriological research has rid the puerperal state of much of the anxiety and dread which formerly attended this ordeal, not only in preventing sepsis but in recognizing the infections already established in time to prevent a general peritonitis or septicemia.

The late Professor W. R. Pryor, who made some very important contributions in this particular line, recommended the early employment of the Döderlein tube, which after sterilization is passed into the uterus, being protected from contact until the fundus is reached. From the serum and debris thus obtained cultures are made and the character of the operation, either curettage or hysterectomy, determined by the result of bacteriological investigation.

One of the most important fields for laboratory diagnosis is in certain obscure lesions of the stomach, as well as in arriving at the exact condition of the digestive functions of this organ, any derangement of which it is at times exceed-

ingly important to correct in order to bring a patient into suitable condition to stand an operation. It is important to determine in certain instances whether or not free hydrochloric acid exists and to form a fairly accurate estimate of the total quantity found at a given moment during digestion. The acid-combining power of the proteids is known and by certain tests it is possible to estimate sufficiently close for satisfactory diagnosis the quantity of hydrochloric acid secreted. All of this is made sufficiently exact for practical purposes by the laboratory method of analysis after the simple test—breakfast of Ewald and Boas, or the more elaborate test—meal of Germain-See.

The presence of lactic acid in the stomach contents, as shown by Kelling's test, has a diagnostic value since it takes place in comparatively rare conditions and since these conditions are seldom fulfilled except when carcinoma is present. Kelling's test consists of 5 c. c. of the filtrate diluted to 50 c. c. with distilled water, to which one or two drops of official 5 per cent. solution of the perchlorid of iron are added. The yellowish-green tinge indicates the presence of lactic acid. Boas goes so far as to insist that the persistent presence of lactic acid in noteworthy quantities during the digestion of a saucer of oatmeal, chemically free from lactic acid, is a specific sign of carcinoma of the stomach.

While the stomach may under varying conditions contain hosts of bacteria there are only three others besides those which form lactic acid that are of importance as pathogenic organisms. First, the *sarcinae ventriculi* which indicate insufficient stomach muscle due to non-malignant obstruction. They are not found in carcinoma since they perish in the presence of lactic acid which is so common in malignant disease of this organ. Another micro-organism is the yeast plant also found when motor insufficiency exists. It may be present when the stomach contents are alkaline, neutral or acid. The *bacillus geniculatus* is present under the same conditions which produce the lactic acid organism and is considered also to be suggestive of carcinoma. When the presence of blood is suspected in the stomach and not clearly defined by the microscope, chemistry comes to our aid in its recognition by the glacial acetic acid and ether test.

A study of the discharges from the rectum is as yet of little value to the surgeon. Beyond the recognition of blood or pus or cast-off cell elements in certain malignant neoplasms there is but a single organism which is of real diagnostic value, namely, the ameba of dysentery, described by Lamb in 1859, which is a motile mass of protoplasm of about 20 micromillimeters in diameter containing a single nucleus, and one or several vacuoles.

In the recognition of the exact character of diseases of the kidneys or of their pelvis, and in the differentiation of infections of the genito-urinary tract the laboratory is of equal value, but it does not come within the range of this discussion, which is confined to the abdominal organs.

A very prominent anti-saloon worker, a clergyman, lately said that in shame he was compelled to admit that he had run across indubitable proof that there are ministers of the gospel who receive pecuniary commissions from the makers of alcoholic nostrums whose wares they recommend!

## ARE CURDS IN INFANTS STOOLS EVER CAUSED BY INSUFFICIENT PROTEIDS?\*

By Palmer A. Potter, B. S., M. D., of East Orange, N. J.

There are various set rules laid down by which certain appearances of infants' stools are supposed to indicate an excess or insufficiency of certain constituents in the diet. For example, a bubbly, frothy movement is supposed to indicate an excess of starch. This is often substantiated by the prompt reaction of the "iodine test." In the same way green stools are usually due to one of the following causes—to exposure to the air, in which case the outside only is green, the inside presenting the normal color—to intestinal fermentation—due, according to Wegscheider to biliverdin taking the place of bilirubin as the coloring matter—to insufficient food and consequent lack of residue to dilute the bile-stools green from this cause are usually bright green and without much substance—to malted foods, these being slightly brownish and sometimes having the odor of malt—and to a diet of barley water, in which case the green is due not only to the barley but also to the undiluted bile.

The presence of curds shows a lack of digestion and presumably an excess of either fats or proteids. The proteid or casein curds differ from the fat in that they are usually whiter, harder, often, but not always, larger, and are insoluble in alcohol and ether.

It may be taken for granted that the proved presence in the stools of casein curds means that the proteids are not all digested. But the reason for their not being digested is not necessarily due to their excess in the food, but occasionally their insufficiency.

The possibility of this apparently anomalous condition first presented itself to me in August, 1902, while examining the breast milk of a nursing mother. Her baby, five months old, and weighing 13 pounds and 4 ounces, was having recurrent disturbances of the bowels, and in the movements were numerous, large, white and typically casein curds. In accordance with the general impression regarding the gradually increasing strength of mother's milk, the clin-

ical conclusion—as the baby was five months old—would be that the proteids were too high to be digested. This view was certainly borne out by the curds in the movements. They were not fat curds, and neither were they that phenomenon, occasionally seen in the stools of breast babies, the milk granules of Uffmann, as in addition to being white, hard and shiny they were insoluble in alcohol and ether. The mother's milk, however, the only food the baby was taking, showed only about half per cent. ( $\frac{1}{2}\%$ ) proteid. The chance of improving the quality of mother's milk by appropriate diet when the proteids are as low as this is practically nothing, so the baby was given a dose of castor oil and put on whey for gradual weaning. The curds still persisted in great quantity, and the baby had, incidentally about six movements a day, although whey has less than one per cent. of proteid, and most of that in the extremely digestible form of lactalbumen. When enough milk had been added to make the combined proteids almost 2%, the curds which were repeatedly examined and found persistently casein, had gradually disappeared.

Two facts are to be noted in this case. The first is the low amount of proteid material in the milk well along in lactation. This runs counter to the general impression that mothers' milk gradually increases in strength. This general impression, however, seems to be absolutely erroneous and not based on facts, as recent analyses of the milk of 400 nursing mothers show almost without exception the highest amount of proteid by the end of the first week, gradually decreasing, until at the eighth month of lactation it averaged only one per cent.

This fact alone shows the irrationality of attempting to chronologically imitate mothers' milk by modified cows' milk. To consistently do this the baby would be fed a stronger formula at the end of the first week than at any subsequent time.

The second fact is the persistent presence in the stools of casein curds with a low amount of proteid and their disappearance with an increased strength of milk.

A daily examination of the stools of many bottle babies showed this condition in but five cases. I mean by this condition not merely the presence of casein curds, but their presence when the baby was taking a low percentage of proteid, the curds being due apparently to this low amount of proteid, and this supposition being borne out

\*Read before the 139th annual meeting of the Medical Society of New Jersey.



by their disappearance under a higher formula.

Two of these cases I mentioned in detail in the *Medical News* of January 9, 1904, in an article on "The Relation of Proteids to Oedema," but no stress at the time was laid on the presence of curds but merely to the disappearance of the oedema under increased proteids. The five cases presented subsequently the same clinical histories, and need not be taken up in detail. The babies were all bottle fed, the formulae were low, the curds were known to be casein by their insolubility in alcohol and ether, and disappeared by increasing the amount of proteid.

The possibility of deficient proteid causing bowel disturbances, to be cured only by increasing the proteids, was pointed out by Adriance in the *Archives of Pediatrics*, August, 1903. I wish, however, to emphasize the fact that not only diarrhoea, but actual curds, in themselves apparently an evidence of undigested proteids, may actually be due to their insufficiency in the diet. This condition is seemingly so illogical that, at the request of a well known pediatrician, I have changed the title of this article from the dogmatic statement that insufficient proteids *do* cause curds into an inquiry whether such a thing is possible.

At the time the case cited first attracted my attention I asked two men connected with pediatric institutions to look for cases of the kind and to collaborate with me in publishing the results. They said the condition was unthinkable and impossible. That they had never noticed it and never expected to. At that time I had seen but the one example. Since then I have seen five others. I know the condition is not only thinkable, but possible.

Physiologically and chemically it does seem preposterous. Curds insoluble in ether are undoubtedly proteids that the baby cannot take care of and digest. How then, by feeding more proteids can we increase the capacity of the child to take care of additional food? Why is not the only result of more proteids by mouth an increase in the number of curds, the intestine taking care merely of the same or even a less amount, because of being overloaded?

A possible explanation of this and similar apparently abnormal conditions may be due to the fact that low proteids and a fixed amount of hydrochloric acid give an excess of uncombined or free acid. More proteids and the same amount of acid will result in less free acid. Hammerstein, in "Jahrs-

bericht über der Fortschritte der Thier Chemie" states that casein with a dilute acid forms a loose precipitate, which dissolves completely in sodium chloride solution. But with an excess of acid, hydrochloric or any other, such as is present with insufficient food, a precipitate is formed that is insoluble.

These statements are apparently fully borne out by experiments at the New York State Agricultural Experiment Station. Van Slyke and Hart, in Bulletin No. 261, state that "where the calcium casein of cows' milk is treated with an acid, it results in the formation of base free casein—soluble in warm 5% solution of sodium chloride and in hot 50% alcohol—which also possesses the property, when warmed, of being very plastic and capable of being drawn out into long, fine, silky threads." But "when this base free casein is treated with ——— acid the properties of the casein are changed, so that it is no longer soluble in 5% salt solution, and in addition has lost entirely its plastic properties and the power of being drawn out into fine threads." In other words it is indigestible when treated with an excess of acid, a result which would be obtained in the stomach by the lack of sufficient proteid to combine with the normal amount of acid present.

Another possible explanation that might be suggested is based on the statement of Walkowitsch, quoted by Pawlow, that a large fat content in milk inhibits the secretory function of the glandular process. When large quantities of fat are introduced into the stomach they impede the digestion of proteid substances. If, with a greater amount of proteid the same total, but a relatively much smaller, amount of fat is given, digestion of the proteid material would apparently be more successfully accomplished, accounting for the disappearance of the curds in the movements.

The exact converse of the preceding condition is seen—or at least recognized—much more frequently. Two classes of cases need only be mentioned to illustrate the evident fact that a child might be taking too much proteid—too much temporarily, at least—and yet show absolutely no curds. Marantic children, especially those under 4 months of age, will often be taking too high a formula and yet have normal movements. That the food is too rich for their assimilative powers, but not for their digestion, is shown by the fact that with normal movements and no curds they



do not gain or even lose continuously, and that the higher the formula, the greater the loss in weight.

In the second place, bottle fed babies on a high formula, who are being weighed daily and gaining steadily, will occasionally cease to gain for a period of five or six days. This cessation of a previously steady increase in weight is due to a sudden inability of the intestines, from some unknown cause, to take care of the rich food previously digested, although the movements remain normal, with no curds. If the formula is not lowered this condition is often the precursor of an acute intestinal disturbance. The inability to take care of the food is shown first only by lack of gain, then usually by loss of weight, followed later by the clinical evidences of bowel disturbance.

These illustrations of fairly common cases show that a child may be taking altogether too high fats and proteids for its assimilative, or digestive powers, and yet have absolutely normal movements and no curds.

The important deduction to be made, it seems to me, is, not merely that insufficient proteids may cause curds, or that a baby may be taking too high proteids or fats and yet have no curds, but that no baby can be fed by rule, and no dogma for modifying the food can be laid down as suiting all cases, or indeed, most cases.

#### DISCUSSION.

**Dr. Henry L. Coit, Newark**—It's a trite saying now, that every baby is a bundle of laws to itself, with respect to fat, proteids and carbohydrates. But in order to apply it to a question like this we must change our form of expression, for when babies are brought to us they are each a bundle of violated laws. Therefore, the keynote of success in dealing with feeding problems, such as the one presented, is to individualize every case. If it were not that these laws which regulate the maternal relations and the infant's capacity for digestion, assimilation and development were flexible, infant mortality would be greater and our plight as physicians would be deplorable.

In facing the substitute feeding problem it becomes necessary to study every case separately, irrespective of every other one, and we so learn that there is an individual fat capacity, a proteid capacity, sugar capacity, and later on a starch capacity. By experience we soon learn to *measure* these varying capacities and, while we do it by observing closely the ever changing clinical phenomena, yet there is also an element of intuition that after a few years' work always helps us to correct judgments in this work of infant dietetics.

While with the accurate methods of modification we can pretty closely match these capacities with our own percentage mixtures, we also learn

to distinguish between the conditions which result from overworking these capacities and so the terms have arisen—fat indigestion, proteid indigestion, sugar indigestion and very frequently now-a-days, amylaceous indigestion. The evidences of these several conditions are found in the stools, in flatulence, fever, furred tongue, vomiting, loss of appetite, ammoniacal urine, loss of weight, and signs of digestive decomposition.

The opinion has prevailed until lately that proteids were the causes of most of the difficulties in feeding cows' milk and they have, therefore, been cut down to infinitesimal quantities. This is an error, and I am inclined to believe that this opinion has been pernicious in preventing the growth of many a bottle baby. It will probably be found that low proteids are as much a cause of rachitis as is low fat. The proteids are the nutritive substance, the muscle maker, the conservator of energy, while the carbohydrates and the fats are employed to produce the energy. These are several ways to lower the proteid capacity of an artificially fed baby. Proteids can be digested much better when the fat in the mixture is not too high, and it is common to find curds in the stools of an infant during the colostrum period, which shows that colostrum is an unbalanced milk.

It is probably true that most of the modern milk mixtures are superfatted with cream at the expense of the more important albuminoid. This is because the traditional woman's milk, by the analysis of older chemists, contained four per cent. of fat. I have seldom seen a latter day woman's milk which contained four per cent. of fat. It is difficult to introduce lactalbumin in the form which predominates in woman's milk by means of cows' milk, unless we employ whey, but when the fat is kept lower than four per cent. it is possible to employ more of the proteid bearing udder milk, and it is usually well borne and makes good firm muscles. It is also possible to lower the proteid capacity by allowing sugar fermentation through failure to sterilize the artificial sugar used to fortify the milk with this element. The lactic acid bacilli of raw cow's milk and the unsterile commercial sugar of milk furnish the cause of this very common trouble.

It is likely, however, that *most* of the proteid indigestion is caused by the presence of lactic acid, which prevents the successful working of the first stage of milk digestion in the stomach—namely the formation of the light flocculent junket, called calcium-paracasein, formed by the action of the ferment rennin and which, in early life, occurs previous to, and, in the early months, takes the place of peptic digestion. The excess of lactic acid developed in raw milk and unsterile sugar of milk causes as firm a mass of lactate of paracasein as though the milk had been treated with hydrochloric acid or gastric juice, of which hydrochloric acid constitutes 1.5 of one per cent. This kind of curd may often be seen from an older child's stomach when met by gastric juice and is rejected in a firm leathery mass. This kind of curd, called hydrochloride of paracasein, cannot be properly digested in an infant's stomach without gastric juice, nor is there any ferment in the intestine to digest it—and the inevitable result of its presence would be undigested curds in the stools with either high or low proteids. It matters not.

That insufficient proteids may result in curd bearing stools may be explained by the fact that malnutrition is always insidious, especially in nurslings, and when by poor milk a digestive function is unemployed for a long period, it re-

sults in lowered tone, and a digestion weakened below the capacities needed for proper digestion of the elements furnished by the milk.

These statements will be sufficient to show that curds in the stools are probably not determined by the proteid content of the mixture at all, but are caused by the interference with the normal proteid capacity through the general effects of lactic acid fermentation, digestive decomposition, or occasionally in older children to hyper-chlorhydria. If in the stomach it is due to lactic acid; if in the intestine it is due to proteid incapacity; from starch indigestion or the use of an excess of sugar or fat thus inhibiting pancreatic activity. All this argues that artificial feeding is one of the most abstruse problems in medical science; more truly it should be called an art based upon scientific principles, but which can only be learned by years of experience; it cannot be written or taught.

The infant is born with normal capacities, but our feeding cases represent either lowered function or actual disease, they are sick. The mixture with which to begin a feeding case must be determined by the condition of the infant as we find it, remembering that every sick infant represents its own blend of low capacities, and we must recede from the normal standard to meet them. Then it should be our aim to advance by a gradual and progressive plan toward the normal for that child. The more difficult the case the more necessary the individualizing of the infant and the accurate adjustment of its food.

Dr. Palmer's subject is the kind which is fruitful in bringing out many points which are practical and useful.

#### Dr Arthur W. Bingham, East Orange, N. J

—Ever since the subject of infant feeding has been treated scientifically particular attention has been given to the character of infants' stools. Especially does this apply in artificial feeding. The general rules laid down are, that if the stools contain curds, they are either fat or casein, and that they indicate an excess of fat or proteid. As these curds are generally casein, it has led to the reduction of the proteid percentage in milk mixtures, until curds are no longer found in the stools. In a certain class of infants, the proteids may be reduced to a minimum and yet curds may be found, and incidentally the baby fails to thrive on the extremely weak mixture. To overcome this, the milk is sometimes peptonized and whey mixtures are often of benefit.

As Dr. Potter has pointed out, a certain percentage of these babies will do better if the proteids are increased, regardless of the curds in the stools. And before long the curds will disappear and the baby's condition improve. It is not my purpose to attempt to explain why this is so, but to state that it has occurred in several cases in my practice. All of these had a marked degree of malnutrition and improved steadily on increased proteids and a low fat percentage, although they were already passing curds. Later the fats were increased.

A similar condition is found in cases of summer diarrhoea. The ordinary method is to feed these cases cereal water until the stools become normal, and then gradually add milk. If this causes curds to appear, cereal water is again given. That these babies can be deprived of milk too long while waiting for the stools to become normal, is well known. Adriance, in a recent article takes up

this subject. He believes that the presence of curds in the stools does not always contraindicate the addition of milk. In fact, in many cases it is only by continuing to add it, that the stools become normal, and recovery is made possible.

In connection with the subject, it seems to me that at times too much importance has been given to abnormal conditions in infants' stools. Especially is this true in young nursing babies, when the stools often contain curds, and some days are not a good color, and yet the baby is doing well.

The mother, who has already read up the subject, or has been informed by friends, is worried by this condition, and believes her milk does not agree with the baby. If she continues to worry, it probably will not agree. The up to date nurse is also well informed on the subject, and confirms the mother's opinion, instead of reassuring her that it is of little importance at this period. It cultivates a habit of looking for trouble, instead of that feeling of confidence which is so essential to the welfare of both mother and baby.

**Dr. D. E. English, Mill Burne.**—I wish to report the case of a three months infant who did not stop nursing although the mother had diphtheria. The mother recovered and the baby was not harmed in any way. This occurred before the days of antitoxin and therefore this agent was not used.

#### A CLINICAL STUDY OF CHOREA.\*

By August Adrian Strasser, Arlington, N. J

As alarming as the symptoms attendant upon chorea are, we are justified usually in giving a cheerful prognosis. Occurring mostly in females of school age, one of the greatest predisposing factors stands out boldly, namely, overwork of body and brain. Given an anemic state, a rheumatic tendency, and superimpose the always useless worry of examinations and the preparations for them, and it is not difficult to see how a nervous system under that strain will lose its equilibrium. Restless nights, night-terrors, purposeless movements by day, a peculiar twitching of the risorii are the danger signals which tell us to apply the brakes and stop short for a while to let the system repair the overstrain.

It is not difficult to recognize chorea clinically. A child is brought to us because despite of scolding and even corporal punish, it will persist in meaningless movements. A grin before it speaks; fantastic twistings of the fingers and perhaps the spilling of contents of the spoon that was being raised to the mouth; or standing still is an impossibility, the one foot will stamp or swing about, and the more so if attention is called to it and the patient attempts

\*Read by title before the 139th annual meeting of the Medical Society of New Jersey.



to inhibit it. The child appears fairly well nourished, but the mucous membranes are pale; hemoglobin is down to fifty or sixty per cent. Restlessness, snoring due to adenoids perhaps is remarked; constipation may or may not be of moment; tongue is furred. The eyes are not steady and the handwriting grows more and more illegible. As hard a student as a child may have been, it complains now of the distinct effort to fix attention, and when asked to explain it, says that these movements are embarrassing. Inspection shows that musculature is not firm, and as the disease progresses, if one side is involved more than the other, there is a distinct shrinkage; this strangely enough is hemmed by regular massage, a therapeutic indication least essential apparently in over-worked muscular tissue. But the rationale is found in the fact that chorea is essentially a nervous affection, and general therapeutics act best on lesions of such tissues. The anemia is marked and progressive, so that at the height of the choreic attack it is possible to record clinically a hemoglobin estimation of twenty per cent. It is at this stage that we find frequently the typical hemic murmurs; it is later usually that valvular lesions are discernible.

Whether there is a hemichorea or one involving both sides of the body there is a fine fibrillary twitching in the muscles of both sides; close observation will find these in addition to the regular choreic movements. They persist longest in the tongue; this organ when protruded but slightly shows them, even if the choreic movements have entirely disappeared from the limb or trunk muscles; but if on command the tongue is protruded as far as possible, both the fine and the coarse movements are elicited and the pillars of the fauces may share them. In one case the laryngeal muscles participated and at times a strange clucking or crowing sound was emitted entirely beyond the patient's control.

Luckily it is only in the most aggravated cases that sleep is invaded; usually rest is complete and falling to sleep does away with the movements. Speech is interfered with and is of a jerky character, unpleasant to the patient and causing her to forego conversation of any kind. Pains are not as a rule complained of, but occasionally headaches and backaches, the latter especially in the vertebral spines or in one particular vertebra (Rousse), may be very severe. The urine is unchanged, except that urates and phosphates are in excess. There is no mus-

cular exhaustion, explained by the fact that it is not the same, but varying, groups of muscles that are drawn into activity.

Upon examination it is almost always feasible to elicit Gordon's phenomenon and according to Eshner (*Phila. Med. Journal*, June 8th, 1901), this may serve to differentiate chorea from the two other maladies likely to be confounded with it, the spasmodic tic and the athetoid movements in cerebral lesions. In the former the knee jerk elicited is unchanged from the normal; in athetosis the knee jerk is very much exaggerated. In chorea the knee reflex may be described as variable and Gordon's phenomenon in various modifications can be provoked. With the patient recumbent, the response to a tap on the ligamentum patallæ is seemingly normal, but as the leg falls back there is an apparent afterthought and extension is hesitatingly completed a second time before the muscles relax. I was able to get this in three-fourths of my cases.

Except in very severe and fatal cases mental disturbances are not usual, although hysterical attacks and hallucinations of sight are occasionally found. In fatal cases hyperpyrexia and delirium precede the collapse. Thus in the case of Westphal, Wasermann and Malkoff detailed below.

The heart condition should always receive close scrutiny. Altered rhythm, tachycardia, perhaps precordial pain, antecedent, simultaneous or postchoreic endocarditis, are all to be kept in mind. Osler in a large series found 53.3-7 per cent. cardiopathies after chorea. Of course, closely linked to this question is the endocarditis following acute rheumatism or infectious diseases. For instance, T. Fröhlich (*Norsk Magazin f. Laegevidenskaben*, September, 1900), reports 47 cases of chorea ranging in age from the third to the sixteenth year; 15 had acute rheumatism; 16 had some angina, arthritis or erythema nodosum, showing them to be infectious; 12 had had no previous infection, but of these 3 had cardiac lesions, thus proving an infection of 80.85 per cent.

So also Ausset and Vincent (*L'Echo med. du Nord*, Vol. 5, No. 14), report an instructive case in a child eleven years old, who successfully passed through acute articular rheumatism complicated by an endopericarditis, pleurisy, pulmonary congestion, cerebral rheumatism and hemichorea.

In a disease where so much of the etiology is still *sub judice* no one factor must be left out of account. So it is a fact that females are more liable to contract the disease, in



the proportion usually of two to one. It is essentially a disease of childhood, the ages of five to sixteen being most frequently affected. Hereditary influences are irrefutable, and usually as Leroux (1898) and Kraft Ebing (1900) have shown it is a transmission to a child from a mother subject to hysteria, epilepsy, psychosis, alcoholism or the rheumatic diathesis. Violent emotions (Brush, Cook, Fischl), may cause chorea in some predisposed individuals and so no doubt can any of the acute infections be causative of a typical minor chorea. G. Köster (Münch. Med. Wochenschr, August 12, 1902), gives statistics of 121 cases of chorea, 86 of which were in combination with some infection.

Personally, the etiology of the disease has been found to be based on that clinical entity—a rheumatic diathesis. By that I mean this: The cases usually have a family history, in which figures articular rheumatism, valvular cardiac disease, perhaps chorea in the mother, in her childhood or during gestation, repeated herpetismus, or other dermatological eruptions, arthritis deformans or ultimately various cases of tuberculosis in one form or another.

In one case all the factors mentioned above found vent. The patient, an anemic girl of thirteen, at puberty, in addition to school work and such share of the housework as fell to her lot in a large family of brothers and sisters, prepared for confirmation and naturally tired nature expressed her disapproval by an attack of severe chorea. The family history is interesting. Paternal grandmother is living, but tubercular; the father, a mason, has unmistakable arthritis deformans, involving hands and feet; the mother had chorea badly as a girl, with great anemia (chlorosis); one—the eldest—sister also had had an attack of minor chorea four or five years ago while under my care; and the most interesting case of all, her next older sister has a true cor bovinum, with mitral and aortic stenosis and regurgitation, subsequent to neglected or improperly treated acute articular rheumatism. A younger child of the family has had an obstinate eczema that finally yielded to antilithic treatment.

So, too, Hohlfeld (Berlin, Klin. Wochenschr, No. 31, 1903), suggests that erythema exudativum multiforme, chorea, rheumatismus nodosus and endopericarditis may possibly all have a single origin and that their frequent combination is not a mere coincidence. He also calls attention to the occurrence of various members of the

group in different members of the same family.

There is no doubt that these are all exhibitions of the same underlying diathesis, brought out by poor and insufficient food, crowded quarters and unhygienic surroundings.

But, of course, the exciting causes are the matters of real interest, and here we strike immediately into a sea of uncertainty and controversy. "Meyer (1894), Duckworth (1896), Marfan (1897), Kraft-Ebing and Heubner (1902) are earnest adherents of the doctrine of interrelation of chorea, rheumatism and endocardial affections, while Osler, Leroux, Gilles de la Tourette and Fischl combat this view and look upon such an interrelation, if it exists, as not at all a binding one. Daddi and Silvestrini, Litten, and Fröhlich report chorea following a gonorrheal endocarditis." (Fischl in Biedert's *Lehrb. d. Kinderkr.*)

Whether or no chorea itself is caused by an infection of some sort is by no means a settled question. As Osler puts it, "The disease is usually considered as a neurosis, but the clinical characters of the severe cases and the frequent heart and joint complications have suggested to many recent writers that it may be due to a specific poison." Leredde discovered in one patient's blood the staphylococcus pyogenes albus, which after the cure of the chorea disappeared. Pianese isolated during life and postmortem a germ whose culture was possible and inoculation with which upon lower animals produced choreiform movements. Triboulet found pyogenic streptococci and staphylococci, Dana diplococci in the cerebral cortex; so also H. Meyer and Steinkopf; although Leroux had negative results. Appert isolated from the blood of choreic patients the same microbes which he had before found in acute articular rheumatism; while F. J. Poynton with Dr. Paine produced choreiform movements in a rabbit by intravenous inoculation of the diplococcus which they have isolated in cases of acute rheumatism. Subsequent investigation showed that the diplococci were present in the pia mater and in the endothelial cells of the blood capillaries dipping down into the motor cortex. Under these circumstances then, as Still says, "The difficulty of complete microscopic examination of so large an organ as the brain makes a negative observation of little value, and, as Mircoli has pointed out, there are many fallacies which make it so easy to overlook bacteria in the brain that, in the face of such positive

evidence as already exists, it would be hard to disprove the infective theory of chorea." Mircoli (Berlin, Klin., Wochenschr., 1900, No. 14, p. 303), in seventeen cases of rheumatic chorea found pyogenic cocci in the joints of fourteen, staphylococci preponderating, while the remainder exhibited the diplococcus lanceolatus, and Westphal, Wassermann and Malkoff (Berlin, Klin., Wochenschr., 1899, No. 29), support the infectious theory of chorea, for, like Poynton and Pianese, they report a case of acute articular rheumatism, followed by chorea and complicated by endocarditis and nephritis, from which they succeeded in isolating from the blood, the brain and the endocardial vegetations a streptococcus capable of inducing with hyperpyrexia a poly arthritism in lower animals, from the exudate of which the same micro-organism could be isolated, and after culture, upon reinoculation, produce arthritis again. It was a streptococcus, although in the blood and tissues it seemed a diplococcus. The conditions of growth require a higher degree of alkalinity and a larger quantity of peptone than in the usual media.

Lee (*Brit. Med. Journal*, August 29, 1903), adds his testimony to the question by laying stress on the close relation of chorea and rheumatism, being coincident or consequent in sixty per cent. of the cases, and concludes that on clinical and bacteriological evidence chorea is in a great majority of cases really, as Duckworth, in 1896, first claimed, a cerebral rheumatism. It is possible, of course, that various microbes and toxins and perhaps sudden emotional disturbances may affect the cortical cells in a way similar to the alteration in nutrition caused by rheumatic toxins.

Taking all these positive facts into consideration, the stand taken in an editorial of the *Medical Record*, June 30, 1900, is not too far fetched, when it says: "From a number of considerations acute rheumatism is looked upon as a variety of pyemia, but without suppuration and chorea as a manifestation of the cerebral localization of the pathogenic agency." There is one very good case reported to bear out this view. Preobrazhensky (*Medizinskoe Obozryenie*, No. 21, 1903), reports a case in a girl, eighteen years of age, who had a violent minor chorea, attended by retention of urine, temporary paralysis, aphasia and mental disturbances. Arsenic, chloral, and bromides failed to bring any relief. Blood examination revealed numerous streptococci and from thirteen to fifteen injections of anti-

streptococcus serum were given, stopping the chorea and allowing the patient to recover. There was a slight relapse, but it was readily cured by the use of Fowler's solution. The author advocates blood examinations as a routine practice in chorea and if the germs are discovered the use of a polyvalent antistreptococcus serum.

### SOMNOFORME\*

By Talbot R. Chambers, M. D., Jersey City, N. J.

The author had long wished for an anesthetic for slight operations, especially in office work—in a business building, where his office is located. There are several factors which make it impossible, or, at least, undesirable to use ether or chloroform or a mixture of them. The very penetrating odor, which is more or less persistent, announces to outsiders that some surgery is "doing." This disturbs or alarms patients in the adjoining waiting room. With some patients the initial stage of anesthesia is protracted and nauseating, and, in case of violence, always requires the attendance of extra help. After operation there is the annoyance of vomiting and the necessity for the patients' remaining on the premises for several hours. Nitrous oxide was tried, but I found myself unable to view with composure the necessary cyanosis for complete anesthesia. Bromide of ethyl proved unsatisfactory to me. I tried the various mixtures of ether, chloroform and alcohol in vain and had practically relinquished the idea of anesthesia for office patients.

Last October, at a meeting of the Jersey City Practitioners' Club, a dentist was present and told of a combination which had been used by dentists hundreds of times, most satisfactorily. On investigation, the name applied to a mixture of six parts of chloride of ethyl, three and one-half parts of methyl chloride and five parts of bromide of ethyl was found to have qualities entirely independent of the individual qualities of its component parts. It seems that Dr. G. Rolland, professor of anesthetics and dean of the Dental School of Bordeaux, France, found himself obliged to teach the best means of rapid anesthesia. After four years of study along physiological lines, he held that there are three necessary qualifications:

\*Read by title before the 139th annual meeting of the Medical Society of New Jersey.

1. That the gas must have the same conditions of entry, sojourn and exit from the organism as oxygen has.

2. Its tension must be superior to that of oxygen, so that it may replace the latter in the alveoli.

3. Its tension being greater, the absorption and elimination must be more rapid and easy than the oxygen.

He held that since the red blood corpuscle in the pulmonary exposure absorbs oxygen and in 30 seconds is returned to the heart minus the oxygen, therefore the action of the oxygen lasts about 15 seconds, and that the ideal anesthetic must be one that will produce its effect in 15 seconds and be eliminated in like rapid manner. This he found somnoforme capable of doing. For full particulars of his experiments and study, see his "Essay on the Influence of Anesthesia by Somnoforme on the Nerve Centres," read at the meeting of the National British Dental Association, Brighton, in 1903, and published in the *British Dental Journal*, October, 1903.

As compared with ether and chloroform, it is markedly safer. I have not met in its history with one authenticated death which could be ascribed to its particular toxic agency. It is not caustic and does not irritate the mucous membrane. During operation, toxic symptoms could only occur if the anesthetic surplus is gotten rid of with difficulty. Somnoforme on account of its volatility is voided in little more than 15 seconds, and the asphyxiation is relieved in the same time by the return of oxygen to the blood on stopping the supply of somnoforme. After operation, death or grave shock due to slow elimination and anemia, seem very remote with an anesthetic whose elimination is so rapid as is that of somnoforme. It is on account of the strong resemblance to oxygen in its rapid penetration into the blood and its elimination again, which somnoforme possesses, that makes its use as an anesthetic agent most happy and successful and most free from danger. Somnoforme has been used in a million anesthetics.

At the Bordeaux school official observations were made on 500 patients, chosen at random, unprepared for operation. With an average dose of  $2\frac{1}{2}$  c. c., the average induction was 30 seconds and duration 24 seconds, while Dr. Hewlitt's report for nitrous oxide and oxygen was, induction 110 seconds and duration 40 seconds. It is interesting that Dr. Rolland found that when experimenting upon animals the anes-

thesia was intentionally pushed to extreme limits, respiration ceased before the heart's action stopped. Artificial respiration speedily revived them. In some cases the animals had ceased to breathe six minutes before the heart stopped. The points of especial value which he claimed for somnoforme were the very quiet nature of the anesthesia and the complete absence of respiratory trouble and cyanosis. He claims that hemorrhage is less than with nitrous oxide. A special inhaler is required, which absolutely excludes air. The respired air is breathed back and forth into a rubber bag. In 30 seconds, after about ten breaths, anesthesia is completed. The smaller the amount of gas used, the quicker and more perfect the return of consciousness and the less chance of sickness.

F. W. Hewlitt<sup>(1)</sup> the anesthetist of St. George's Hospital, London, says: "Two fatal cases have to my knowledge taken place in connection with somnoforme, and although I have employed this mixture with the object of testing its effects, I am not disposed, after the results, to use it again in practice." Continuing, he says: "Somnoforme does not produce such good results as pure ethyl chloride and is distinctly more dangerous. The effects produced by the two agents are, however, very similar."

Gould<sup>(2)</sup> states that the combination of somnoforme was made with these objects, that by the diffusibility of methyl chloride, instantaneous anesthetic action is obtained; from ethyl chloride, the base of the anesthetic, prolongation of the too transient or fugitive effects of the methyl chloride; and lastly, from ethyl bromide, an analgesic condition is produced requisite to allow of operating.

According to Bailey, the greatest objection to somnoforme is the difficulty in telling when the patient is thoroughly anesthetized.

The respiration is at first irregular, and it may be deep, but subsequently it becomes prolonged, slightly shallower and regular. The patient appears as if just asleep. The corneal reflexes are never absent. In none of Bailey's patients was there any nausea. In the majority of them, however, food was withheld for some hours before the administration of the drug. In none of his cases was there any symptom to cause anxiety, except in one case of repeated administra-

(1). *The Lancet*, page 1408, Vol. 2, 1905.

(2). *Am. Yr. Bk. Medicine and Surgery*, page 6, 1905.



tion there was some collapse. One case was followed by violent headache. The bibliography of somnoforme may be found in the *Index Medicus* and in a short treatise on the subject issued by E. de Trey & Sons of Philadelphia.

In regard to the two deaths recorded, I fail to find direct cause and effect against somnoforme, when I think of the million times it has been employed. In the *International Medical Annual* for 1905, the following occurs: A woman of forty was anesthetized for the removal of many teeth and when seven had been extracted, in about thirty seconds, the breathing was found to be shallow and soon stopped, though the pulse could still be felt. All attempts with artificial respiration, etc., failed to revive the patient. A post-mortem examination revealed nothing abnormal beyond a large accumulation of fat on the surface of the heart and most of the intestinal organs. Though the case was reported at the time, as one of death under ethyl chloride, Moritz (1) states that the anesthetic was not pure ethyl chloride but somnoforme. The other death was reported in the *Br. Jour. Dent. Sc.*, June, 1904. A woman of forty-two who had previously taken nitrous-oxide well, was given somnoforme for the extraction of teeth, but before the operation was begun, pallor and shallow breathing were noticed and all efforts to revive her failed. In this case no mention of autopsy is made.

My own experience with somnoforme has been in about eighteen cases. In mastoid operations the incision is made in less than two minutes after beginning with somnoforme and continuing with ether. For the removal of adenoids or for adenectomy and tonsillotomy, it is unique. Where tonsillectomy is to be done I have found it necessary to repeat the administration of somnoforme. I have as yet been unable to thoroughly reconcile myself to the perfectly anesthetized patient in the sitting position. Yet, this is the position in which it has been employed thousands of times by dentists in the extraction of teeth. The bleeding, often excessive, of tonsil and adenoid operations prohibits any but a dependent position of the head, lest the blood should flow into the larynx. Hence, I have the patient lying upon the back, and at the proper moment an assistant firmly flexes the head on the body. This allows time for separating the palatal pillars from the tonsils. Then the head is dropped back and the

tonsils and adenoids excised, without fear of blood finding its way into the larynx. By the time the patient is fully awake, the blood about the face has been cleared away and soiled towels removed. There has been time for digital examination of the nasopharyngeal vault and the patient is only cognizant of a sore throat.

As to the cork gag which the dentist uses, I prefer a metal gag in the hands of a trained assistant, because it is my belief that in ether or chloroform narcosis the use of a permanent fixed gag sometimes causes the breathing to stop. The temporary removal of the force holding the mouth open is instantly followed by natural efforts at breathing, besides it is more elegant than the clumsy, barbarous cork. I had one case of severe headache following somnoforme administration. I have had no after vomiting.

A young lady with boils in the auditory canal was already greatly exhausted by several sleepless nights. The boils were incised under somnoforme anesthesia. She did not feel the cutting, but when she awoke the cutting pain persisted for some time, much to her dismay and my disgust. This it was which prevented me from employing somnoforme when I had my infected finger incised. I knew the pain of the cutting would be as acute for fifteen minutes afterward as if no anesthetic had been employed. Hence in inflamed conditions ether or chloroform is to be preferred.

The ideal method of ether or chloroform anesthesia is to begin with forty seconds inhalation of somnoforme. In this case there is no need for the morphine injection proposed by Dr. Wyeth and used by so many surgeons to-day. Two of my cases had a few seconds of the rigid condition so common in ether anesthesia. One at the beginning and one on recovering, but in neither case was there any alarm because a breath or two of air relieved it at once.

Conclusions: Somnoforme is safe and manageable, is many times quicker than ether or chloroform in the induction of and recovery from the anesthetic. There is no asphyxia nor cyanosis. It has no action on the heart or pulse and, almost invariably, no after effects.

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Before operating for pharyngeal adenoids or hypertrophied tonsils make sure that these are not merely an expression of status lymphaticus. If they are, do not employ an anesthetic. Also determine whether the patient is a hemophilic. If he is, do not operate at all.

(1). *Br. Dent. Jour.*, April, 1905.

**IS THE MOSQUITO THE ONLY ETIOLOGICAL FACTOR IN MALARIA?\***

By J. Talmage Wyckoff, M. D., Leonia, N. J.

Can man become infected by the malarial parasite without the aid of the mosquito?

Does the mosquito only become infected by biting a man?

I believe there is no necessity of discussing the fact that the parasite, discovered by Laveran is the source of malarial infection. The presence of the parasite in the blood of persons suffering from the disease, the subsidence of the disease when the parasite disappears, and the fact that blood containing this parasite will produce this malady when injected into the blood of a healthy body, all tend to remove this theory beyond the region of speculation and place it in the realm of established facts.

It will not be necessary to mention the zoological position of the parasite except to state that it belongs to the protozoa, order hemocytozoa, genus hemamœba. There are several varieties of the malarial parasite, viz.: the æstivo autumnal, the tertian, the quartan, and, perhaps, more not yet recognized. These distinctions are made from their morphologic and clinical manifestations. Being a parasite, the parasite must be fitted not only for life within the host, but must have the means of transportation from one host to another.

This parasite has two well known phases, the one in the human blood corpuscle and the one in the mosquito, the host and transporting agency. To this we may add a latent phase where its existence in the human body is clinically evident, and perhaps a fourth phase which we will discuss later. The human cycle of the parasite is well known, therefore we will not mention it except to take up the latent phase, as that will enter into the question and is not so well known. It has been observed that with the subsidence of the acute symptoms of malaria the parasite disappears entirely from the circulation, either spontaneously or from the administration of quinine. This is for a time, for sooner or later the symptoms recur and the parasite is again found in the blood, when it is absolutely certain that no fresh infection has occurred. Just what form the parasite assumes or what

part of the body gives it refuge we do not know; but we do know that it is not in the blood corpuscle in its usual form and that it is still living in the human body. This forms the latent phase of the disease.

A. Pheln, in 1898, suggested that minute colorable specks called "Pheln's Primitive Bodies," which can be seen in a certain number of the blood corpuscles in certain individuals, are really the latent form of the parasite. He states that in West Africa a condition of anemia similar in character to malarial anemia often develops in Europeans soon after their arrival in the country and before the ordinary malarial parasite appears in the blood and before an attack of the fever, the primitive bodies are found in the blood corpuscles of these persons. He believes that they multiply in the blood, infecting and destroying the corpuscles until certain conditions arise, when they develop into the amœboid form of the parasite, causing fever. This theory is not accepted by most pathologists, who regard the primitive bodies as identical with the chromatophilic granules frequently met with in other anemic conditions.

If we take a specimen of blood from a patient who has suffered from malaria for a week or ten days, and examine it after it has been mounted for awhile, we will find so-called flagellated bodies, that is amœbæ with long flagella, that are continually in motion. These develop from the crescent bodies and the so-called sterile cells, large corpuscular bodies similar to the parasite before sporulation. Soon the flagella separate from the body and float free until they meet the granular or female cell, one flagellum penetrates this cell and when one has penetrated the envelope no others can enter.

This is the sexual manifestation of the parasite. As this manifestation takes place in the mosquito and never in the human blood it goes to show that the parasite inhabits the mosquito before it infects man, and its infection of the mosquito antedates the infection of man.

Although most pathologists and other scientists until a late date considered malaria an unknown poison of telluric origin, still according to Lancise, the peasants of parts of Italy have for centuries believed that malaria was due to the bite of the mosquito. Koch has noted that the natives of the highlands of Africa declare that when they visited the lowlands and were bitten by the mosquito they developed the fever. The theory that the bite of the mosquito caused malaria was suggested by

\* Read at the 139th annual meeting of the Medical Society of New Jersey.

King, Pfeiffer, Laveran, Koch and others, but Sir Patrick Manson, in 1894 and 1896, formulated the first definite hypothesis based on the following facts:

Being a parasite, the malarial hemamœba, to keep up its existence, must pass from host to host, from the fact that the flagellated body does not come into existence until the blood is outside the body, it follows that the function of the flagella lies outside of the human body, and the flagellated body is the first phase of an extra corporal life of the malarial parasite. As the parasite whilst in the circulation is always enclosed in a blood corpuscle, it is therefore incapable of leaving the body by its own efforts, as it never, as far as shown, is extruded in the excreta, it must be removed from the body by some blood-eating animal. Therefore a certain variety of mosquito which is common in malarial districts which sucks human blood and has the power of sustaining the parasite seems to be the transporting agent.

Ross worked out this hypothesis and found that when blood containing the crescent cells was injected by the mosquito the crescent proceeded rapidly to exflagellation and to the shedding of flagella. Later he showed that in certain species of mosquitoes fed on malarial blood, pigmented malarial parasites are found living and growing imbedded in the stomach wall of the mosquito. He showed also that if a particular breed of mosquito be fed on the blood of proteosoma infected birds the parasite, which closely resembles the malarial parasite in man, enters the stomach wall of the insect and sporulates. The resulting sporozoites subsequently enter the ventro-salivary glands, whence the insect infects other birds. MacCallum discovered that the function of the flagella was to impregnate the granular or female cells, which were transformed into beaked travelling vermicles which have the power of penetrating the stomach wall of the mosquito. Grassi showed that several species of the anopheles, particularly the anopheles cleviger, or quadrimaculata, are the special hosts of the parasite.

As a final proof, Drs. Sambon and Low, with servants and visitors, lived for the three most malarial months in the most malarial localities of the Roman Campagna without quinine or other preventive save screens to the windows and doors of their house, in every way conforming to the life of the natives, except after nightfall they remained in their mosquito-proof dwelling. While many of the natives suffered from

the fever, none of these gentlemen had a trace of malarial infection. At the same time Dr. P. Thurnburn Manson and Mr. George Warner, residing in London, and who had in no way been exposed to malarial influences, allowed mosquitoes which had bitten infected persons in Italy, to bite them, and both developed authentic cases of malaria.

Certain facts seem to indicate that there may be a method of human infection other than through the mosquito.

First. Such work as railway building, or excavating for sewers in which there is much disturbance of the soil, are often followed by a severe outbreak of malaria, when the region was practically uninhabited before the coming of the workmen.

Second. In the west coast of Africa, in India and in other tropical regions, we find localities uninhabitable for mankind by reason of the malaria. If man is necessary for the continued life of the parasite, and if the mosquito can obtain the parasite only from man, where do the mosquitoes obtain their abundance of infective material in the absence of man?

In explanation of the first difficulty is offered the supposition that the soil may be impregnated with the black spores of Ross, a dark pigmented sausage-shaped body found in the ruptured zygote capsules, which do not decompose, but live for a long time, or encysted sporozoites may have been deposited in the soil by mosquitoes now dead. That in disturbing the soil these dormant parasites are set loose and floating in the air gain admittance through the lungs into the blood, or in a similar manner are taken by water into the digestive tract and so into the blood.

The objection to this theory is that the spores have, as far as we can discover, no power to penetrate the membranes and enter the blood.

In the making of all railway embankments and in excavations, small hollows must be common, which, becoming full of water by rain or otherwise, become ideal breeding places for the anopheles. Also many of the laborers are apt to be infected. With these two elements supplied the epidemic is explained.

The second question may be answered in three ways.

First. The malarial parasite may be capable of living in a variety of vertebrate hosts, so it may be that an appropriate vertebrate with an appropriate mosquito may have the ability to keep the parasite alive.



Second. The malarial parasite may be capable of passing from mosquito to mosquito without the aid of man. Either by the penetration of the parasite into the ova or by means of a special parasite, as the black spore or Ross, being transferred from one to the other.

Third. The mosquito may obtain the parasite from an entirely different source as an amœba found on the algæ upon which the larvae feed, as we find certain amœbæ wherever the anopheles breed. The amœbæ being taken in by the larvae change some of their characteristics as they change their surroundings. The latent phase of the disease shows that the parasite can exist in a changed form in man, so it may before it reaches the body of man.

As we have shown before, the first home of the parasite is in the mosquito, and it is conveyed to man by the mosquito, hence it is only logical to say that there must be a source for the parasite other than man, as we cannot believe that this parasite develops spontaneously in the mosquito.

We have the following conditions present where the anopheles breed. The moisture or water, the algæ upon which the larvae feed, and the amœboid life in the water, and on the algæ; hence why not look for the first infection.

#### DISCUSSION.

Dr. S. E. Armstrong, of Rutherford:—"I think that all of us should offer the right hand of encouragement to the doctor in his investigation."

### AMBULATORY TREATMENT OF POTT'S FRACTURE.\*

By E. A. Y. Schellenger M. D.,  
Surgeon Cooper Hospital Camden, N. J.

One of the most common but, nevertheless important, injuries which we see is Pott's fracture, caused by forcible eversion and abduction of the foot, or quite as often by the body being bent down and outward while the foot is held fixed. The appearance of the deformity we are all familiar with. The outward and backward displacement of the foot is typical; the lateral mobility and points of tenderness over the internal malleolus and over the fibula above the external malleolus are all positive signs of this fracture. In a typical

case further examination will show that owing to the strong ligamentous union of the tibia and fibula, the latter has been fractured at a point about three inches above the malleolus, and that there is a fracture of the internal malleolus and of the outer lower edge of the tibia; although in place of the last two fractures we may have respectively a rupture of the internal lateral ligament, and the tibia-fibular articulation.

It can readily be seen that because of its closeness to the ankle joint, this injury is one of the most severe and dangerous types of fracture, and that it may be followed, either because of faulty union or too early or strenuous use, by a severe arthritis or a permanent deformity. Absolute rest for an extended period is followed by conditions that are in some respects unfavorable and, furthermore, it is difficult to secure, because after the first few days a patient can rarely be made to realize its necessity. It has been our custom heretofore, after the reduction of the deformity and subsidence of primary swelling, to apply a plaster of Paris splint and allow the patient to get up on crutches at the end of perhaps two or three weeks, not permitting him, however, to bear any weight on the foot for an average period of six or eight weeks.

It has seemed to me, however, that in uncomplicated cases of Pott's fracture when the trauma has not been great and the reduction is easy and when the fracture retains its normal position after reduction, that ambulatory treatment is in every way preferable and productive of the best practical result. I have endeavored to find therefore a method of treatment which would permit the use of the limb at the earliest possible date and with the greatest possible safety. The advantage of the plan which I have adopted in five cases was brought to my attention in treating several cases of weak ankle. I use a modification of the weak ankle brace. It consists of two metal bars attached to a shoe made to fit, which laces from the top to the toes, and a calf band which fits around the head of the tibia, thereby taking the weight of the body from the joint. I also use two T shaped leather straps, one below the outer malleolus which is attached to the bar on the opposite side, the other above the inner malleolus; by so doing I add extra support and overcome any tendency to displacement.

That this plan was entirely successful has

\*Read by title before the 139th annual meeting of the Medical Society of New Jersey.

been fully demonstrated to my entire satisfaction by the following cases, not one of which has resulted unhappily.

CASE 1. Patient aged twenty-two, while jumping out of carriage, struck the curbstone and injured his right foot. On examination found marked swelling at ankle and great tenderness. Anesthesia was used and beyond question of doubt Pott's fracture was diagnosed. Reduction was easily accomplished. Cold lead water and laudanum applied and leg was put in fracture box with compresses, one below the outer and another about the inner malleolus. At the termination of five days the swelling had subsided. I then applied the apparatus described above. The patient was allowed at once to walk. This apparatus was worn day and night for three weeks; then massage was used daily, avoiding absolutely all lateral motion. At the end of three months the apparatus was discontinued. After the use of the foot for a few days, the patient complained of considerable pain. I ordered an insole of leather with a pad stitched to it, to support the arch of the foot, which greatly benefited him; the pain gradually disappearing.

During all this time, with the exception of the first five days, the patient went daily to his business suffering very little pain. This had been more annoying until arch support was used, than when the apparatus was first put on.

It is unnecessary to give a detailed description of the other four cases, sufficient to state that they were all treated in the same way, the average time in bed being eight days, the shortest five, longest twelve. The ages of the patients were from eighteen to forty-two years. Not one of the cases suffered sufficient pain while wearing apparatus to warrant its disuse; on the contrary they were perfectly satisfied in being able to attend to their daily vocations and I believe in this apparatus we have an improvement over the ambulatory treatment with a plaster Paris dressing. As I said in the beginning, we must select our cases, where deformity is not great and where the fracture is easily reduced and retained in its normal position after reduction.

The advantages of such a form of treatment, where it can be used, are unquestioned. Time is saved to the patient; the general health does not suffer and he is able to return to his daily duties with very little discomfort, besides the dependent position of the limb and the muscular movements required in the efforts to use the leg actively in locomotion, produce nutritive conditions more favorable to repair than those which attend the anemia caused by the elevated position, bandaging and disuse which are part of the methods usually followed.

In conclusion I can but hope for a more extensive use of this apparatus, as only by this means can the true value of this form of treatment be satisfactorily demonstrated.

## Correspondence.

To the Editor of the JOURNAL:

Sir:—The fifteenth annual meeting of the American Electro-Therapeutic Association took place at the Academy of Medicine, New York, on September 19, 20 and 21. It was a most enthusiastic meeting, and the papers read and ground covered did credit to the medical profession. Over thirty papers were presented and, for the most part, thoroughly discussed.

Among the more prominent American Electro-Theraputists who took part in the scientific work were such men as Dr. A. D. Rockwell, New York; Dr. George Betton Massey, Philadelphia; Prof. William J. Morton, New York; Dr. George C. Johnston, Pittsburg; Dr. William J. Herdman, Ann Arbor; Dr. Francis B. Bishop, Washington; Dr. Margaret A. Cleaves, New York; Dr. William B. Snow, New York; Dr. Morris W. Brinkman, New York; Dr. Clarence E. Skinner, New Haven; Dr. Richard J. Munn, Savannah, Ga.

The keynote of the meeting was not the exploiting of individual fads or special means of treatment, but an earnest desire for more light, and a better understanding of the means at present in use. This was especially noticeable in the prominence given to the subjects of cancer and tuberculosis; both of which were discussed frequently and thoroughly during the seven scientific sessions held.

A very interesting exhibit of electrical apparatus was a feature of the meeting; greatly appreciated by the members.

The social part of the programme consisted of a collation on Wednesday evening and a theatre party on Thursday evening.

It is a matter of regret that apparently so few of the medical profession in New Jersey took any special interest in this meeting, there being so far as could be ascertained only one member present from that State. This was the undersigned who read a paper on "Vibratory Massage in the Treatment of Herpes Zoster."

Very truly yours,  
WILLIAM GRAY SCHAUFFLER.

## A MEANS OF ABBREVIATING THE ISOLATION OF DIPHTHERITICS.

The frequent persistence of diphtheria bacilli in the throat for a long time after the subsidence of the disease has seemed to involve the need of prolonged isolation of the patient in the interest of the public health. Hence any means of killing the lingering bacilli should prove of substantial benefit. It seems that two years ago Martin resorted for this purpose to the internal administration of dried antidiphtheritic serum. Dopter (*Gazette des hopitaux*, April 4; *Berliner klinische Wochenschrift*, July 10) has employed the treatment in seventy-two cases, and he finds that at the latest the bacilli disappear by the sixth day. If the nose is affected, he insufflates the dried serum, and in that case it takes twelve days for the effect to be produced.—*New York Medical Journal*.

# THE JOURNAL

OF THE

## Medical Society of New Jersey.

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**OCTOBER, 1905.**


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### OCTOBER.

With the present month the medical year may be said to open just as the educational year opens. Our medical societies which have lain dormant for three months come back to life. Patients return from the mountains and seashore. Doctors get back from their vacations. And the winter's work is on. There is much to be done.

We venture to hope that our repeated requests for regular reports from the private and county societies may evoke responses from the secretaries and reporters of these societies in such a way as to make the editorial heart glad. Brethren, we are doing our best to publish a journal that shall be a real help to you and a credit to the profession of New Jersey. Are you not willing to help us just a little?

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### THE TWENTY-EIGHTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH.

This valuable document is before us and copies of it have been sent to the profession throughout the state. It is complete, concise and loaded with interesting information.

Especial reference is made to the law which went into effect last January by which it is required that all health inspectors shall hereafter be licensed after an examination before they can undertake their

duties. The opinion is expressed in the report that this innovation will result in much greater efficiency in sanitary work in the entire State. Allusion is made to the partial failure of the law requiring a return of every birth in the State. It is probable that this defect in sanitary returns can never be entirely overcome; although there is reason to expect an improvement from the work of the licensed inspectors.

Thirty-seven thousand two hundred forty-two births were reported for '03, 19,512 marriages and 31,820 deaths. The death rate was 15.87 per 1,000, the lowest in 25 years, with the single exception, the year '98. There were 60 less deaths from typhoid fever in '03 than in '02, 416 less from small-pox, 163 less from measles, 36 less from whooping cough and 275 less from the diarrhoeal diseases of children. A total diminution of 950 cases of preventable disease in favor of '03. On the other hand there were 365 more deaths from consumption and 101 more from cancer than in the preceding year.

East Orange had the lowest death rate in the State, 9.72 per 1,000, while Burlington had the highest, 22.46 per 1,000.

The total deaths from consumption were 3,380, a rate of 16.76 per 10,000. This rate has diminished about one-half in the twenty-one years since '82. Whereas cancer has increased in almost the same ratio, the rate having nearly doubled in the past twenty-five years.

The total deaths from cancer were 1,132 and the rate was 5.61 per 10,000. The deaths from pneumonia increased 207 over '02 and were 2,628 in all. This was about 1-12 of the total mortality and places pneumonia second to pulmonary tuberculosis as a cause of death in New Jersey. The diminution in the number of deaths from typhoid continues to be very gratifying and reached the low rate of less than 2 per 10,000 inhabitants; 40 deaths from malarial fevers were reported, an almost negligible number. There were 2,010 violent deaths including 314 suicides.

One hundred and twenty-eight suits were



instituted for violation of the act to prevent the adulteration of food and drugs, of which 105 were for the adulteration of milk, 7 for the adulteration of food other than milk, and 16 for the adulteration of drugs. Four thousand three hundred eighty dollars and thirty cents were collected in fines and turned into the State treasury.

Resolutions were adopted by the board that a new prison is urgently needed in Burlington county and that the sewers laid in Lakehurst and those proposed for Seaside Park be disapproved for nonconformity with the requirements of the board.

A strong appeal is made for a new building for the laboratory of hygiene in Trenton. The need for this improvement is most obvious and the matter should no longer be neglected.

#### **THE USE OF THE JUICES OF RAW VEGETABLES IN THE TREATMENT OF CONSUMPTION.**

Dr. John F. Russell, of New York, reports that he has been making use of the juices of raw vegetables and fruit in the treatment of phthisis. As he points out certain cases of this disease, which seemed curable, have failed to do well from some unknown fault in the assimilation of their carefully regulated diet. He reiterates his well-known formula that the disease is one of malnutrition and insists that the only successful treatment is dietetic and hygienic. With this postulate no one will at this day dare to dispute. In the report of the Annex of the Post-Graduate Hospital Dispensary for the Treatment of Pulmonary Tuberculosis for the nine months ending July 1st, 1905, he explains this new method of treatment, or we might say, this addition to the dietary of the consumptives at that institution.

The use of fresh vegetables in the treatment of scurvy is, of course, very old. We remember that Dana in his incomparable sea story, "Two Years Before the Mast," published in 1840, related that the juice of raw potatoes was found efficacious in the cure of scurvy. In fact, it has been known

for many years that scurvy is an entirely preventable disease if the diet contain a proper admixture of this sort of food. But it has been only of recent years that its value in the prevention of scurvy and rickets in infants has been recognized. While the profession has struggled in vain for centuries to find the specific drug which will cure consumption, those remedies which nature has provided with lavish hand, viz.: fresh air and fresh food, have until recently been slighted or ignored. So it has always been. The plain, simple things which every one can have are neglected, while the search for the unattainable goes persistently on.

Another curative agent never seems to us to have had a fair trial in this disease. We refer to the action of the sun's rays upon the naked skin. We hope that this powerful agent will be given an extended trial by such observers as Dr. Russell and the results made known.

No doubt Dr. Russell's new dietary will be thoroughly tried by many others because of its simplicity and harmlessness, and we sincerely hope that his expectations will be fully realized.

#### **THE INOCULATIONS OF ANIMALS WITH SYPHILIS AND THE SPIRILLUM OF SYPHILIS**

Metchnikoff and Roux have reported the successful inoculation of apes with syphilis and some interesting experiments to isolate the germ, which is alleged to communicate the disease. This body is named the spirocheta pallida and presents some peculiar characteristics. So far no cultures of it have been obtained. It is very difficult to stain and may be confused with the ordinary spirochete found on the genital mucous membranes or the tonsils. In structure it is exceedingly delicate and can only be demonstrated by special coloring agents. It has been found in a number of cases of syphilis by various observers, however, and it may well be the causative agent of the disease. Klingmuller and Baermann inoculated themselves with a syphilitic virus which had been triturated in a physiological salt

solution and passed through a Berkefeld filter. The result was negative. Metchnikoff and Roux repeated these experiments upon chimpanzees and found that the filtered virus was inert, while the unfiltered produced apparently true syphilis, showing that the micro-organism of syphilis is larger than that of the pleuropneumonia of cattle, which passes through the Berkefeld filter. The syphilitic virus loses its efficacy if heated to 51 degrees C. and is not attenuated by mixing it with glycerine.

Metchnikoff and Roux announce that, owing to the impossibility of obtaining cultures of spirochetæ a great many facts must be accumulated before a positive conclusion can be reached, but that there is a strong probability that syphilis is a chronic *spirillose* produced by the spirochetæ pallida.

### THE PASSING OF BROMISM IN EPILEPSY.

Spratling writes on this subject in the *New York Medical Journal*. He says: "It is a fact supported by competent testimony that the bromides, after more than half a century's use, have not raised the percentage of cures in epilepsy by a single point. If we credit the figures of some of the older writers on epilepsy—writers of the prebromide days, like Herpin and Reynolds—we must not only regard the bromides as powerless to cure epilepsy, but we must at the same time look upon them as capable of doing as much harm as they do good, as they are ordinarily administered. This is my own opinion of the matter; an opinion tardily formed after an experience in several thousand cases, extending over fifteen years."

Our author continues: "Many epileptics respond well for indefinite periods of time to the suppressive effects of the bromides, but suppression is not cure. Roughly speaking, not more than fifty to sixty per cent. of the patients that come to us for treatment should be given the bromides in any form." Several factors are cited to account for the diminished use of the bro-

mides in modern practice; as (1) the more general recognition of the fact that the epileptic must be treated as an individual and not by a routine method; (2) the substitution of depressants possessing the virtues of the bromides and not their faults, of which the principal one is pure bromine in oil of sesamum made up into an emulsion; and (3) the adoption of Toulouse's plan of reducing the amount of common salt in the patient's diet as much as possible. This markedly augments the value of relatively small doses of bromide, even doubling their effect.

Formerly it was not considered improper to give doses of from forty to sixty grains of bromide three times a day, and cases of bromide poisoning were admitted daily to Craig Colony; some of them being in a state of bromide dementia. Such cases are now fortunately of rare occurrence, owing to a better understanding of the nature of the disease.

Dr. Spratling concludes his paper by saying: "The more completely we can get away from the idea that epilepsy is simply a convulsion and nothing more, a disease with one fixed symptom to be cured by one drug, the more gratifying will be the rate of recoveries."

### A STRAW.

Straws are noted for indicating how the current sets. We have learned from a private source that immediately after the County Medical Society in Frederick County, Maryland, had reorganized under the new regulations of the American Medical Association two homeopathic physicians abjured their exclusive rule of practice and joined the society. As the majority of such practitioners are now in fact, if not in name, practising regular medicine there is no good reason why they should remain outside the regular organization. We look forward confidently to the time when numbers of the so-called homeopaths will join the regular county societies.

A little concession and a little brotherly feeling on both sides are all that are necessary to bring about this most desirable result.

### THE STATE EXAMINING BOARD.

Some members of the California State Board of Medical Examiners recently expostulated with one of their number for having asked too hard questions of the applicants for license. Dr. Bainbridge, the member alluded to, defended himself by showing that these questions had been previously asked by the New York and New Jersey Boards.

This episode is flattering to our board, both because imitation is the sincerest form of flattery and because it seems to have been taken for granted that the questions put forth by the New Jersey Board are so fair and reasonable that no apology is necessary for having made use of them.

### BETTER ORGANIZATION OF THE MEDICAL PROFESSION.

That excellent periodical, *American Medicine*, has much to say editorially in its issue of August 5th, in regard to this most important matter. In our opinion, there is nothing at present before the profession in the United States of equal importance. Seldom if ever has the subject been so well presented and in so terse and convincing a manner as in the editorial referred to. It dwells at some length on the necessity of organization before we can enjoy a moiety of the influence in public life to which we are entitled and which we must exercise almost for our own preservation, not to mention the thousand and one things which must be accomplished for the good of the race and the preservation of their health and well being, and which we have so often pledged ourselves to accomplish.

The editor says that perfect organization demands the surrender of some personal liberty, perhaps he should have said license, and that the intense love of individual liberty stands in the way of organization in America. It has not apparently hindered labor organization nor the formation of trusts in this country, and we do not think that it will long impede more perfect medical union here. That it has retarded it somewhat up to this time we acknowl-

edge. But physicians, although slow to grasp new ideas, are not so short sighted as to oppose the pronounced spirit of the age, which demands firmer organization in every class of workers and a subordination of the individual to the common good. We incline to the opinion that it has been more because of the want of proper leadership and the natural aversion to innovation than to a feeling of insubordination that has kept the doctors from getting together.

The great national association has at last assumed its proper position as leader and organizer and has smoothed the way for all legally qualified practitioners to forget their differences and to unite for their own interests and for the common good. It is the charlatan and the man who resents supervision because he wants to do things that he knows are not right and that will submit him to the discipline of a properly organized society, who stand out against thorough and efficient union. There will be no regulation of a man's conduct that any honorable and right-thinking physician can object to.

It seems to us that apathy has really had more to do with the lack of organization than anything else. The multiplicity of medical schools and their different standards of education; the numbers of so-called systems of medical practice; the ignorance of our legislators and their natural repugnance to education and jealousy of educated men; together with our absurd jealousy of each other and our misconception of our duty to those whom we are pleased to style irregular practitioners, have all tended to keep us at cross purposes.

Now the time has come when the major portion of these hindrances has been removed, and the spirit of progress has at last pervaded the medical profession. Organization is already so far advanced that, as our editor has pointed out, a doctor must join his county society or feel himself an "outsider" and lose the help, companionship and instruction of his colleagues and their substantial support if he should ever be-



come the victim of designing patients or unscrupulous lawyers.

In short, the time has arrived when no medical man can achieve an influential position with the laity without the good will and coöperation of the profession. He must stand well with the only class who are able to judge correctly of his qualifications, viz.: his professional colleagues. No physician can prosper for long if he has their enmity. And if this is true now it will be tenfold more so in a few years when complete organization shall have been effected.

### THE ANNUAL REPORTS FROM THE COUNTY SOCIETIES.

It is with sincere regret that we notice the lapses in the county society reports, printed in this issue. Some of these reports are very valuable, some are mere billet doux and some are missing altogether. What conception of their duties some of the county society reporters may have we are at a loss to conjecture. We venture to hope, however, that by next year we shall have full and satisfactory reports from all the county societies.

### OF COURSE.

When one reads that the New York Life Insurance Company has habitually contributed \$50,000 to the Republican campaign fund for the last three Presidential elections one can appreciate that rigid economy must be practiced toward the medical examiners and these faithful servants ought really to consider themselves overpaid when they receive the munificent sum of \$3 for an examination.

### A FINE BUILDING.

The Newark Eye and Ear Infirmary in Central avenue in that city should be visited by every physician in this State. More especially those connected with hospitals and public institutions. The new building, erected through the generosity of Mr. Robert Ballantine, is a model of solid and economical construction. Well appointed throughout and as nearly fire-proof as such

a building can be made, it may well serve as a pattern to all those contemplating hospital construction.

*The committee on scientific work desire good papers for the next annual meeting. Members intending to contribute will please send their titles to the committee as soon as possible. All papers should be type-written and must not take over fifteen minutes in reading. Address, Talbot R. Chambers, M. D., Commercial Trust Building, Jersey City, Chairman Scientific Committee.*

### MARRIED.

**Horace R. Livengood, M. D.**, secretary of the Union County Medical Society, was married to Miss Lilah Hewson, at Port Hope, Ontario, Canada, on September 5, 1905.

**Frederick William Harvey, M. D.**, of Montreal, Canada, and Miss Helena Margaret Ewing Riddle, of Newark, N. J., were married at Newton, N. J., September 19, 1905.

### OBITUARY.

**John Milton Davies, M. D.**, Pennsylvania Medical University, Philadelphia, 1854, surgeon of the 9th Regiment New Jersey Volunteer Infantry during the Civil War, died at his home, Warren, Pa., September 5th, from senile debility, aged 77.

**William M. Late, M. D.**, University of Pennsylvania, 1855, died at the home of his daughter, in Bordentown, N. J., on September 5th, aged 72.

### STATE MEDICAL EXAMINATION.

The next State examination for the medical license of New Jersey will be held at Trenton, Tuesday, Tuesday evening and Wednesday, October 17-18.

Applications for the examination must be made on blanks provided by the board, fully filled out and presented to the secretary for filing before October 7. The credentials of each applicant, verified by oath, must show at least,

1. A high school diploma, or its equivalent.
2. A medical diploma issued after four courses of lectures of at least seven months each, in four different calendar years, in an approved medical college.
3. Recommendations as to character.

Examinations will be held in nine sections, embracing fourteen subjects, and a general average of 75 per cent. is required to obtain the State license.

E. L. B. GODFREY, M. D.  
Secretary.

**A Tall Family.**—Mr. and Mrs. Parker Teed, of Livingston, in this State, celebrated their golden wedding recently. Mr. Teed is 6 feet 2 inches in height; his wife is 6 feet; their son, William Parker Teed, is 6 feet 5 inches; Mrs. Foulkes, a daughter, is 6 feet. Three grandsons were present, of whom one is 6 feet 3½ inches; another 6 feet 1 inch, and the third 6 feet. These young men are under 21 and are said to be growing.

## State Society Notes.

### PRIZE ESSAY.

This prize was instituted by the Medical Society of New Jersey at the annual meeting in 1905, and is open for competition to the members of the Component (County) Medical Societies.

The subject chosen is "The Symptoms, Etiology, Pathology and Treatment of Pneumonia."

The essays must be signed with an assumed name and have a motto, both of which shall be enclosed in a sealed envelope containing the author's name, residence and component society.

The essay shall contain not more than 4,000 words, and must be characterized by originality in investigation and thought, and by clearness and conciseness of expression, and be, in the judgment of the committee, of decided value to the members of this society, and to the profession generally. Failing in these respects, no award will be made.

The essays, which should be type-written, with the sealed envelope, must be placed in the hands of the committee on or before the first day of May, 1906.

The committee will select the first two essays in order of merit. To the first will be awarded the prize of one hundred dollars, to the second that of honorary mention.

The unsuccessful authors will receive back their essays upon their identification to the chairman of the committee. The successful essay will be the property of the society and be published in its transactions.

CHARLES J. KIPP, Newark, *Chairman.*

WALTER B. JOHNSON, Paterson.

DAVID C. ENGLISH, New Brunswick.

*Committee.*

## Hospital Notes.

**HOSPITAL REPORT.**—The report of Cooper Hospital, Camden, for August shows that 84 patients were admitted to the hospital during the month, and that there were 50 remaining September 1. In the dispensary 412 new cases were treated, and 1,352 visits were made.

Ground has been broken for the new wing of the Memorial Hospital in Orange.

At an operation for gall stone colic at the Memorial Hospital, in Orange, recently, four gall stones as large as hickory nuts were found in the common duct. The interesting feature of the discovery was that the patient had never been jaundiced.

## Annual Reports from the County Societies—1904-'05.

### ATLANTIC COUNTY.

A. B. Shimer, M. D., *Reporter.*

The Atlantic County Medical Society has held its regular meetings throughout the year. Greater interest has been manifested than formerly, both in the attendance and in the character of the meetings.

During the past year there have been six new members added to the roll. The society much regrets the loss of one of its active workers through death, Dr. B. C. Pennington. Two members have moved away from the town.

No epidemics have been reported throughout the county.

The society has adopted the following resolutions in reference to contract work by its members (*See also page 329, Vol. 1, Journal of the Medical Society of New Jersey.*):

*Resolved*, that the by-laws of the Atlantic County Medical Society be amended as follows:

That on and after the first day of January, 1906, no member of this society shall accept the position of club, society or organization physician, or agree to do any medical or surgical work for any club, society or organization at a less rate than the regular customary charge for like services rendered by other physicians for patients not members of such club, society or organization.

Further, that in no case shall any physician agree to attend the families of the members of any club, society or organization, or families of employees of any firm or corporation at a less price than the regular rates charged for like services rendered by other physicians to families of persons not members or employees of such club, society or organization.

Nothing in this section shall be construed as preventing any member from attending the worthy poor at a less rate or to give free service to those who are too poor to pay anything, or from acting as city, county or town physician, health officer, or under any political appointment.

Also, any member who shall offer to pay or shall pay a commission in consideration of having a case referred to him, or who shall propose any arrangement, or agree to any arrangement for compensation for professional services, not known to the patient or to the party by whom such compensation is paid, shall be deemed guilty of unprofessional conduct.

Any violation of this by-law shall be considered unprofessional conduct, and render the member guilty thereof liable to suspension or expulsion from this society, as the society may determine.

It may be of interest to note that through the auspices of the Atlantic City Academy of Medicine, space has been secured in the free library to establish a permanent medical library, the same being open to all physicians, medical students, dentists, druggists, nurses and those in training.

The Board of Health during the past year has enforced the filling in of low lots and swampy places, have also appointed a food inspector and barber shop inspector; also has issued a leaflet, "Information for the Family in Cases of Contagious Diseases."

The hotel men and physicians of Atlantic City are at present negotiating to establish a small hospital for the care of contagious diseases which

may occur in our hotels or in private families, who do not care to make use of the Municipal Hospital.

As an expression of our esteem of the late Dr. B. C. Pennington, the following resolution was adopted by the society:

#### RESOLUTIONS UPON THE DEATH OF DR. PENNINGTON.

The Atlantic County Medical Society, the Atlantic City Academy of Medicine and the staff of the Atlantic City Hospital met in joint session at noon Monday, January 2, 1905, and were officially informed of the death of their late associate and fellow member, Dr. Byron Cook Pennington.

We deeply mourn the loss of so true and valued a member and feel that we have been deprived of the council of one who was ever ready, willing and able to give us advice in our troubles; to lend a cheering word; and to extend sympathy in times of need.

As a man in this community, always advising and counselling for the right, he will be missed. His association among us has always carried with it words of good cheer and a never-failing smile of happiness. He will be missed in our social sessions for his ever ready wit and brilliant repartee.

In his ministrations to the sick and afflicted there was always a gentleness and refinement of manner and action that brought confidence, good cheer and reviving influence. His professional abilities and services were always given to the poor and rich without distinction.

We extend to his family and friends our deepest sympathy, and trust that they may cherish with us the beautiful memory and the worthy example of his beneficent work as a stimulus to renewed efforts.

Each medical body above named has dedicated a full page in its minute-book to these sentiments to the memory of Byron Cook Pennington.

Unanimously approved and signed.  
For the Atlantic County Medical Society by  
W. M. POLLARD, M. D.  
For the Atlantic City Academy of Medicine by  
A. D. CUSKADEN, M. D.  
For the Staff of the Atlantic City Hospital by  
W. BLAIR STEWART, M. D.  
For the Medical Profession at Large in Atlantic County by

E. A. REILEY, M. D.

#### CAMDEN COUNTY.

##### Ezra B. Sharp, M. D., Reporter.

At the annual meeting of the Camden County Medical Society in April, 1904, the secretary's report showed a membership of eighty-four, thirteen names having been added during the previous year and five lost. Of these, two have died, Drs Ireland and Glover. A portrait of Dr. Ireland was unveiled by Dr. Sherk and presented to the society on behalf of The Medico-Surgical Society. The treasurer's report showed a balance on hand of \$95.87.

Our membership to-day—the fifty-ninth annual meeting of the society—April, 1905, numbers eighty-four, one having been added during the year, and one, Dr. P. W. Beale, lost by death. Our treasurer's report shows a balance on hand of \$41.55 (with all bills paid.)

During the year the following gentlemen have

contributed scientific papers: Mr. Henry B. Francis, plumbing inspector of Camden, on "Sanitary House Plumbing and Draining;" Dr. Wilmer Krusen, of Philadelphia, Pa., on "Toxemia of Pregnancy;" "Prophylaxis and Treatment of Eclampsia;" Dr. Alfred Stengel, of Philadelphia, Pa., on "Diagnosis from a Pathological Point of View;" Dr. A. Haines Lippincott, of Camden, N. J., on "Treatment of Ano-rectal Fistula;" Dr. D. Benjamin, of Camden, N. J., on "The Treatment of Leucorrhœa;" Dr. H. F. Palm, of Camden, N. J., on "Pro Bono Publico;" Dr. Alexander McAllister, of Camden, N. J., on "Infant Feeding;" Dr. Edward E. Graham, of Philadelphia, Pa., on "The Artificial Feeding of Infants During the First Year;" Dr. J. P. Crozier Griffith, of Philadelphia, Pa., on "Feeding After the First Year."

These papers have been either abstracted or published in full in *The Journal of the Medical Society of New Jersey*.

Special mention should be made of the paper of Dr. Palm, entitled "Pro Bono Publico." It was published by order of our county society because of its peculiar merits, bearing on the side of the good, particularly the pecuniary good, that should accrue to the physician in practicing his or her profession. The committee of arrangements departed from the usual custom in February last and treated the society to a very fine dinner and social, in which the wives of the members participated.

In response to inquiries made of various members of the society, the conclusions reached are: The county has not been visited by any wide spread epidemic, other than "La Grippe," and this in the main has been of a mild type. The usual sequelæ were also less frequent and of less severity. This is true particularly of pneumonia, which, we think, is due in part to the equable temperature of the winter season and that, as yet unknown, factor which marks some epidemics of infectious and contagious diseases as being more severe in type than others. Local epidemics of pertussis, scarlatina, diphtheria and measles have been present in various sections of the county. These, on the whole, have been likewise of a mild type. A word should be said of our water supply in its relation to the presence or absence in our midst of enteric fever. Of all diseases we are called upon to treat, enteric fever is of the rarest occurrence in those who live within the radius of and obtain their drinking water from the water supply of the city of Camden. I wish also to report that diseases due to the malarial plasmodium are likewise of infrequent occurrence.

Dr. W. D. Jennings, of Haddonfield, reports a series of twenty-two cases of diphtheria which occurred in Delaware Township. Of these, one was treated by Dr. Howard, six by Dr. Clement and fifteen cases by himself. Two of these cases that were not seen by a physician for several days after they sickened, died; one from laryngeal involvement. The remaining twenty cases were all well developed. Antitoxin was given early and freely, and all recovered; the throat symptoms cleared up in four to five days. Paralysis of the throat did not occur in any case. One case developed paralysis of one leg, which early cleared up. The quarantine was not broken in the last few cases until a negative bacteriological report had been received, which in a few instances was six weeks from the beginning of the sickness. Dr. John R. Stevenson, of Haddonfield, N. J.,



reports no epidemics in Haddonfield during the past year; only a few isolated cases of scarlet fever and diphtheria, none of which were fatal.

An advance has been made in this section in educating public opinion up to the prevention of the spread of diphtheria by the prompt use of anti-toxin. The Medical Association of Haddonfield (a social organization, embracing the physicians of this borough, those of Collingswood, Haddon Heights and the townships of Haddon and Centre), recommended that the authorities should furnish anti-toxin free, not only to the indigent poor, but to those who are unable to pay the sum necessary to purchase the quantity needed as a curative and prophylactic. The governing bodies have acceded to this recommendation. The boards of health also disinfect, at the public expense, houses where cases of contagious diseases have occurred. The adoption of these measures has created a confidence which is bearing fruit in rapid increase of population.

Dr. H. H. Sherk reports for East Camden:

First. There has been a marked decrease in the cases of lobar pneumonia during the year. There has been very little typhoid fever; some few cases of a mild type. A fair average of diphtheria, with no deaths, owing, I believe, to the early administration of anti-toxin. Some cases of membranous croup, which also yielded to the same treatment. A large number of cases of "La Grippe" of a mild type occurred, leaving no sequelæ except in the aged, where nervous exhaustion, accompanied by severe cough, yielded slowly to remedial agencies. More or less scarlatina has been present with us the entire year. Most cases were of the simple form, some cases being followed by otitis media, followed by supuration. All were successfully treated by the dry method. Inflammatory rheumatism was quite prevalent. Three cases of erysipelas in widely different localities at the same time were also noted. There was one case of cerebro-spinal fever, which died in thirty-six hours. Measles and pertussis were not present with us in an epidemic form during the last year. On the whole, the health of our community has been good. There has been less sickness than for several years. Most of the deaths have been among the aged.

Dr. A. Haines Lippincott, of Camden, reports the following case of hematocolpos: M. J. school girl, aged fifteen years; never had menstruated. When I first saw her she was complaining of severe pelvic pains. An examination showed the lower part of the abdomen occupied by a pear-shaped tumor, the fundus of which reached to within about two inches of the umbilicus; the vaginal orifice was occluded by an imperforate hymen. Under ether, administered by Dr. Palm, the hymen was excised and a pint and a half of chocolate-colored, broken down blood escaped. The vagina was dilated. The walls were thickened and inflamed. With the exception of a vaginitis following, the patient made an uninterrupted recovery. The case was interesting from a diagnostic standpoint. The patient was thought to be pregnant, as she gave a history of having been exposed eight or nine months before. The tumor resembled a gravid uterus. Her pains were of a bearing-down character. But when attempts were made to make a vaginal examination the diagnosis was cleared up.

Richard H. Reeve, Esq., secretary and treasurer of the Cooper Hospital, submits the following report:

In wards, January 1, 1904..... 39  
Admitted during the year..... 1001

Total ..... 1040  
Discharged cured..... 772  
    " improved ..... 85  
    " not improved ..... 12  
Left without permission..... 17  
Died ..... 115  
In wards, January 1, 1905..... 39

Died within 48 hours, and hopeless when admitted ..... 46  
Total number of days' treatment..... 17375  
Average daily census..... 47.6  
Average stay of each patient..... 17.35

Out Patient Department:

	New cases.	Revisits.	Totals.
Surgical .....	2289	9340	11629
Medical .....	1762	2136	3898
Eye .....	225	678	903
Nose and throat.....	168	804	972
Gynaecological .....	149	613	762

Totals ..... 4593 13571 18164  
Dr. W. H. Pratt reports for the Camden City Dispensary, January 20, 1904 to January 19, 1905:  
Cases treated at the dispensary..... 1266  
    " " " residence ..... 344

Total ..... 1610

Number of visits at dispensary..... 1933  
    " " " " residences ..... 1861

Total ..... 3794  
Number of prescriptions compounded..... 10664  
    " " persons vaccinated..... 140

#### ESSEX COUNTY.

**Frank Wilcox Pinneo, M. D., Reporter.**

The appointment of the present reporter, made at the annual meeting in April, is so recent he has no personal observations to record of "Progress in Medicine and Surgery During the Year," nor have any written items of interest been received, except the "Report of the Committee on Necrology." However, he has the honor to send the following as embodying the kind suggestions of several members, and to them thanks are hereby cordially acknowledged.

Of epidemics, we have had some of fair proportions. Diphtheria was rampant in the winter, cases running as high as 85 in Newark in one week, in December. Usual experience with the disease was met, cases being pharyngeal, nasal and laryngeal. Some interesting recoveries due to prompt tracheotomy, aided, of course, by our invaluable antitoxin, were reported. No one can thoughtfully study such cases without paying respect to scientific medicine that crowned the nineteenth century with the discovery of diphtheria antitoxin. Scarlatina also was widespread in the winter, new cases numbering 82 in one week, in January. Pneumonia did not attain the proportions it did a year ago, though the disease had its usual run and its usual mortality. German measles has been unusually prevalent. Epidemic cerebro-spinal meningitis has reached us as it has other large cities, teaching the lesson by its dread mortality that here is one of the unconquered diseases for our unceasing warfare. The action of the Newark Board of Health requires the reporting of the cases, thus classing it

with other communicable infectious diseases, but not restricting contact with the public nor placarding the house, as in cases of variola, diphtheria or scarlatina, etc. This is good ground to take, and affords the needed information for studying the etiology of contact in working out the epidemiology of the disease.

The Essex County society has shown activity by putting into operation a series of four bi-monthly scientific meetings yearly, three to be for addresses by eminent authorities on special subjects, and one a clinical meeting. Professor John H. Musser, president of the American Medical Association, addressed us at one meeting on arterio-sclerosis, and Professor William H. Welch, of Johns Hopkins University, told at another of present-day work on immunity and allied problems. Such meetings are not only of great value to those who attend, but are also a means of enlivening the year and of bringing all our members more frequently together. At the recent annual meeting routine business was transacted, reports presented and new members elected. The president, Dr. Richard Cole Newton, made a fine address on the history of medicine.

Another means of amalgamating medical interests in our county is a much needed and talked of medical library. Even if we may not think the time ripe for an academy of medicine, much as we may look forward to the time when this great county, with all its material for clinical study, shall have a complete library for that study, a meeting place for the county society, and a suitable museum for keeping specimens, now lost (save for some private collections), yet surely we can get now, if we really want it, and at little expense, a small library of the leading journals and important reference works, which would multiply many fold the periodicals and books any one member may subscribe for, and when really established and conveniently located would be of great use. This is especially easy of accomplishment through the aid of the Newark Free Public Library to house and administer it, and can be had by our asking for an alcove for the purpose. Such action was proposed at the annual meeting, but the lateness of the hour prevented its discussion.

The Orange Mountain Medical Society reports a full membership and ten scientific meetings held during the year. Other private societies in the county have been equally active.

One death in our membership has occurred, that of Dr. William Edward Carroll, an obituary notice of whom is hereto appended.

## In Memoriam.

### WILLIAM EDWARD CARROLL, M. D.

Born, April 22, 1847. Died, December 2, 1904. Dr. Carroll's parents were natives of Dublin, Ireland. The doctor was born in Newark, N. J., April 22, 1847. As a boy he attended the parochial school in the Cathedral parish (St. Patrick's). Leaving this, he pursued his studies at St. Mary's College of Newark. At the age of sixteen he left college to take up the trade of his father, that of leather making. After working at this trade for some years, he began the study of medicine, matriculating at the College of Physicians and Surgeons in New York city, from which he graduated in 1884. Before beginning practice, he spent some time in travel, visiting Europe, the Holy Land and some portions of Africa. On his

return he opened an office in his native city. Before being prevented by the demands of a busy practice he was connected with the Post-Graduate School of Medicine and Hospital, New York city, as assistant to Professor William H. Porter. For many years he was assistant gynecologist to the Women's Hospital connected with St. Michael's Hospital of Newark. On the resignation of his chief, he was appointed gynecologist, which position he held for many years until his death.

He died after a short illness on December 2, 1904, leaving a widow and one brother, the Rev. Lawrence C. M. Carroll, of Jersey City.

### HUDSON COUNTY.

#### Calvin F. Kyte, M. D., Reporter.

Hudson County's health has been good during the past year. Our society now numbers one hundred and forty-four members. Unusually interesting meetings have been held. Good papers have been presented and a number of cases have been reported for discussion. We have lost by death four prominent members: Drs. Romeo F. Chabert, Leonard J. Gordon, Charles K. Law and Albert W. Warden.

### HUNTERDON COUNTY.

#### Leon T. Salmon, M. D., Reporter.

This society has held its two regular meetings since the State Society met, and for those two meetings it has been under the regime of the new organization. The remarks at the meeting of the county society immediately following the State society meeting evinced a feeling akin to reproach toward the State society for the unmerciful and strictly "letter of the law" course of procedure adopted toward our society by the executive session at Atlantic City.

While the members understood that the matter of precedent was very important, the error was only partly ours,—a misunderstanding between secretaries being responsible for the apparent neglect; and, while it is not desired to revive this matter, the high-handedness of the measures taken, necessitating immediate action on the part of our delegate, gave the society sufficient cause to feel that its advent into the new organization was unnecessarily conspicuous. I am pleased to report, however, that the society is in full accord with the State society and that no unkindly feeling has been shown at any time.

At the April meeting the chairman of the sections made reports. Dr. P. C. Young, of Ringoes, reported some cases of erysipelas. Dr. Closson, of Lambertville, reported an unusual obstetrical case, and Dr. Romine, of Lambertville, recited a case of an infant four months old from whom he had removed an adenoid growth, which was interfering with the child's nutrition by preventing satisfactory sucking. Dr. Leaver read a paper on influenza.

At the October meeting Dr. Banker, of Reaville, read a paper on tonsillitis, and the writer read a short paper on "Biliousness, Et Cetera." Both meetings were well attended and a lively interest was shown in the papers.

The general health of the inhabitants of this county during the past year has been comparatively good. There have been no epidemics. Cases of typhoid and pneumonia have been noticeably diminished. In the experience of the writer, at least, more tuberculosis has been found this year than for some years past. Possibly this is local, possibly coincidental, but more probably



due to the fact that the profession are more efficient in diagnosing incipient cases by studying the early signs and using the microscope more rationally and effectively.

It might also be observed that prejudice against the open-air treatment is fast losing ground and that the grand work instituted and carried on by the sanatoria has, through newspaper columns, educated the community at large so that it is now an easy matter to induce patients to carry out this treatment in spite of former prejudice.

Dr. Howard Servis, of Junction, N. J., has died and in honor of his revered memory I here append an obituary notice:

Howard Servis, M. D., died at the residence of his son-in-law, Professor Robert B. Petty, in New York city, March 23, 1905. He was born near Ringoes, N. J., October 6, 1829. He began the study of medicine with Dr. Charles C. Phillips, of Deerfield, Cumberland County, and in 1856 entered the medical department of the University of Pennsylvania, receiving his degree in 1858. He had practised in Hampton Junction for 26 years and had served two terms in the State Legislature.

He was married in 1867 to Belinda, daughter of Philip Johnston, of New Hampton, N. J. On his mother's side he was descended from John Hart, one of the signers of the Declaration of Independence.

#### OCEAN COUNTY.

##### **William Gray Schaufler, M. D., Reporter.**

The Ocean County Medical Society has held two regular meetings during the year, one on November 4 in Lakewood, where some time was spent in the discussion of cases, and the annual meeting on April 5 at Tom's River. At this meeting the following officers were elected: President, Irving H. Hance, Lakewood; vice-president, Ralph R. Jones, Tom's River; secretary, Alexander M. Heron, Lakewood; treasurer, Harold Pittis, Lakehurst; annual delegate to the State Society, Lem Lefferts Disbrow, Tom's River; reporter, William Gray Schaufler, Lakewood. The society has now fourteen active members.

#### UNION COUNTY.

##### **Milton A. Shangle, M. D., Reporter.**

During the past year our society has increased its membership by seven and has lost one by resignation. We have had some interesting papers read at the meetings, all of which received a most generous discussion. Dr. Thomas Prout presented an able paper on "The Management of Epilepsy." Dr. Norman H. Probasco read on "Prophylaxis and Treatment of Summer Diarrhea in Infants." Dr. J. J. Reilly, our retiring president, presented in a very thorough and concise manner "A Further Contribution to the Radical Cure of Inguinal Hernia. With a Tabulated Report of 55 Operated Cases."

Dr. E. B. Grier, of Elizabeth, reported a most interesting case of a woman who was suddenly seized with severe pain in the right iliac region, accompanied by high temperature and vomiting. There was marked rigidity of the right rectus muscle. A diagnosis of appendicitis was made and the patient was immediately transferred to the hospital for operation. The abdomen was opened through a muscle splitting incision. In the lower end of the ilium was discovered, to the operator's surprise, a perforated typhoid ulcer and

another ulcer about to break through, both of which were closed by Lembert sutures. A somewhat adherent appendix was removed and the abdomen closed. During the following three weeks the case ran a typical typhoid course and the patient was convalescing nicely, when one day while conversing with some friends she suddenly fell back on the bed complaining of cardiac pain and quickly expired. The particularly interesting feature of the case is the fact that before the perforation took place there were practically no symptoms of typhoid, the patient being about, although, as was afterward ascertained, she had had an occasional headache and slight diarrhea.

Dr. Stern, of Elizabeth, presented a case of hip-joint amputation for small round-celled sarcoma of the femur, in which there had been no recurrence several years after operation; also a case of depressed fracture of the skull in a boy with symptoms of compression. The bony fragments were removed and placed in salt solution, an epidural clot was removed and the fragments were replaced. Result after some months is perfect.

Dr. Victor Mravlag, of Elizabeth, showed a case in which he had in a novel manner closed a fecal fistula of the sigmoid flexure by means of a section of rubber tubing which was anchored by catgut into the lumen of the bowel and the edges of the bowel sutured over it and the abdominal opening closed. On the 21st day the tube was passed per rectum with complete and firm healing of the abdominal wall.

Dr. S. T. Quinn, of Elizabeth, reported a case of nephro-lithotomy, exhibiting a mulberry calculus, together with an X-ray photograph taken before the operation revealing the stone *in situ*. Dr. James S. Green, of Elizabeth, reported an unusual case of pregnancy complicated by a large ovarian cyst. A Cæsarian section was performed and a living child extracted. The uterine incision was sutured and the cyst removed after most difficult manipulation; it being retro-peritoneal and extending nearly to the under surface of the liver on the right side. The mother made an uninterrupted recovery, but the child died on the third day. Dr. B. Van D. Hedges, of Plainfield, presented an appendix, in the distal end of which were two segments of tape-worm; also a fractured cervical vertebra removed from a boy at autopsy, who had fallen from a ladder, striking upon his head. Dr. F. C. Ard, of Plainfield, presented a case of chronic otitis media, which he had operated upon, converting into one cavity the middle ear, the antrum and the attic, securing an excellent result.

There has been no disease particularly prevalent during the past year. We have had a few cases of cerebro-spinal meningitis, which despite the use of large, repeated doses of diphtheria antitoxin and the withdrawal of six to eight drachms of fluid through lumbar puncture, have given a high mortality.

#### SUSSEX COUNTY.

##### **Morgan D. Hughes, M. D., Reporter.**

The annual meeting of our society was held at the Cochran House in Newton on May 9. The following members were present: T. H. Andress, J. G. Coleman, C. E. Dowling, B. W. Ferguson, M. D. Hughes, John Moore, J. B. Pellett, H. D. Van Gaasbeck, H. J. McCloughan and Shepard Voorhees. We were disappointed by the unavoidable absence of two of our principal essayists. However, in addition to transacting all regular



business, we spent a very profitable season in listening to the reports of interesting cases and discussing them. Dr. Pellett reported several cases of operation for sarcoma with recurrence in the pleura. Dr. Hughes reported a case of sarcoma of the femur with spontaneous fracture. The reports from various sections of our county showed an absence of epidemic disease during the past year, with the exception of measles, which had been somewhat prevalent. Only three cases of cerebro-spinal meningitis had occurred in the county.

Death has again entered our ranks and claimed one of our oldest and most faithful members, Dr. Peter Nelson Jacobus. He died last March at his home in Washington, N. J., where he had resided during his declining years. He was graduated at the University of Vermont, in 1885, and had spent the years of his practice in Montague, Sandstone and Wallpack townships and in the town of Newton. He was a Christian gentleman and much beloved by his many patients and friends to whom he had always been faithful during his long lifetime.

#### CHANGES IN THE PHARMACOPEIA OF 1904.

*Tincture of Aconite*, heretofore representing 35 per cent. of the drug, will now represent only 10 per cent.—a decrease in strength of about 70 per cent. Average dose of new preparation is about 0.6 c.c., or ten minims.

*Tincture of Veratrum Viridis* (*Tincture Veratrum*, Phar 1900) has been reduced from 40 per cent. of the drug to 10 per cent.—a decrease in strength of 75 per cent. Average dose of new preparation 1 c.c., or fifteen minims.

*Tincture of Strophanthus*, heretofore representing only 5 per cent. of the seed, will now be a 10 per cent. preparation—an increase in strength of 100 per cent. Average dose of new preparation 0.5 c.c., or eight minims.

The following tinctures are now required to contain twice as much of their respective drugs as heretofore:

*Tincture of Calumba.*  
*Tincture of Cardamon.*  
*Tincture of Cantharides.*  
*Tincture of Capsicum.*  
*Tincture of Cinnamon.*  
*Tincture of Quassia.*  
*Tincture of Rhubarb.*

Other noteworthy changes in which the active principles or ingredients are increased are:

*Fluid Extract of Nux Vomica*, 100 c.c. of which are required to contain one gramme strychnia, instead of one and half grammes of total alkaloids, as called for in Pharmacopœia of 1890.

*Tincture of Nux Vomica*, 1000 c.c. of which is hereafter to contain one gramme of strychnine.

*Basham's Mixture*. The proportion of iron chloride is doubled in the new preparation.

*Effervescent Citrated Caffeine*. The proportion of caffeine is doubled in new preparation.

In the following preparations the active ingredients are decreased:

*Effervescent Lithium Citrate*. Decreased about 70 per cent.

*Effervescent Potassium Citrate*. Decreased about 60 per cent.

*Cubeb Troches*, *Sulphur Ointment*, *Syrup Iodide Iron*, *Tincture of Kino* and *Tincture of Lobelia* are all reduced 50 per cent.

*Carbolic Acid Ointment* (now *Unguentum Phenolis*) has been decreased 40 per cent.

The following preparations are reduced about 33 per cent.:

*Tincture of Colchicum Seed*, *Wine of Colchicum Seed*, *Tincture of Cannabis Indica*, *Tincture of Gelsemium*, *Tincture of Hyoscyamus*, and *Wine of Ergot*.

*Powdered Opium*, as also *Deodorized Opium*, is required to assay not less than 12 per cent. of morphine, nor more than 12.5 per cent. of the same. The former minimum was 13 per cent., and the maximum was 15 per cent. This involves corresponding changes in laudanum and the deodorized tincture of opium.

*Tincture Catechu comp.* has been dropped and replaced by *Tincture Gambir comp.* in which the astringent principle is reduced 50 per cent.

#### Notes on Practice.

Drugs are absolutely powerless to affect the kidneys. The kidney in nephritis needs rest more than anything else. The treatment in previously healthy persons should begin by absolute starvation for several days; followed by a diet carefully regulated according to the exigencies of the case. Avoid too much water, and do not always forbid meat. In some cases a little alcohol can be given with advantage.—*Shattuck*.

A man may die from apoplexy due to Bright's disease without there having been any serious involvement of the kidneys.—*Billings*.

Bright's disease is not primarily a disease of the kidneys; but is often the result of an arteriosclerosis or fibrosis, due to the action of toxins. The kidneys suffer from their attempts to eliminate these toxins.—*Hutchinson*.

The increase of the blood pressure gives the first hint of approaching nephritis.—*Lichty*.

Medicine plays but a small part in the treatment of disease and particularly kidney disease.—*Witherspoon*.

The temptation should not be yielded to to incise a psoas, hip or other "cold" abscess, except in isolated instances and then only under the most rigid asepsis. The production of a mixed infection means chronic sinus, chronic invalidism and, often, amyloid disease.

Children who complain frequently of pain in the stomach should be examined for evidence of beginning Pott's disease. Such cases treated before the development of curvature usually yield very satisfactory results.

In the early months of pregnancy examinations should be made to determine that there is no retroversion or to treat it if it exists. A retroverted gravid uterus impacted in the curve of the sacrum always aborts.

In typhoid fever spontaneous rupture of the spleen may simulate intestinal perforation.

In Virginia and Louisiana a doctor has to pay a yearly license tax varying from \$10 to \$100. In Georgia, Delaware and Florida he pays \$10 a year, and in North Carolina \$5, for the privilege of practising his profession in those States.

*New members of the American Medical Association from New Jersey:*

Lamont, G. F. N., Newark.  
McGuire, J. J., Trenton.  
Newcomb, M. W., East Orange.  
Payne, Joseph, Midland Park.  
Riggins, E. N., East Orange.  
Warner, W. H. A., East Orange.

Camden's Health Report.—During August only 16 cases of contagious disease were reported to the Board of Health as follows: Scarlet fever, 5; typhoid fever, 2; diphtheria, 1, and tuberculosis, 8.

Diphtheria Epidemic.—An epidemic of diphtheria is reported at Port Republic, near Egg Harbor City. A number of deaths are said to have occurred, and public meetings are prohibited for the time being.

The Practitioners' Society of the Oranges met at the residence of Dr. Ralph H. Hunt in East Orange on September 22. Dr. George Gray Ward Jr., of New York, read a paper on "Gynecological Prophylaxis."

False vaccination certificates have been presented by numbers of scholars in the Newark public schools. The health authorities are thoroughly aroused over the matter and it is intended to make every scholar show a good scar instead of a certificate.

Modern, Up-to-Date Pastor.—"The collection will now be taken, and those who contribute 10 cents or more will receive trading stamps from the ushers."—*Women's Home Companion.*

According to the *Newark Evening News*, the Orange health authorities were unusually active last month and found abundant cause for activity. Dr. Poor, the health officer, made a bacteriological examination of the drinking cups from Orange Park and demonstrated the presence in them of a micro-organism which is probably the true diphtheria bacillus.

A proposition was made to procure the enactment of a law allowing the charges for sewer connections to be paid in ten annual instalments, instead of a lump sum, as at present. This would prove a great boon to the small property holders by enabling them to make sewer connections at once. A delegation of the First Ward Sanitary and Taxpayers' Association came before the board and protested against the granting of any more licenses to junkmen and rag dealers in that ward. The health officer was instructed to begin suit against the milkmen who had failed to comply with recent ordinances and take out licenses. He was also instructed to communicate with the owners of bakeries in regard to the need of better conditions in their shops, as revealed by an inspection made last month.

Sadie Mac, a famous trotting mare, dropped dead in the last heat of a four-mile race at Hartford recently. On post-mortem examination the heart was found greatly enlarged. This enlargement was thought to have been present since the mare was a yearling. The precise cause of death does not appear to have been determined.

In seeking a cause for torticollis, don't fail to examine the teeth.

## Personal.

Dr. E. J. Ill, second vice-president of the State Society, is confined to his house by sickness.

Dr. Edwin Ross Ogden, a well-known veterinarian, died at his home in Orange, September 21, after an illness of four years.

Dr. James T. Wrightson, of Newark, has just returned from Europe.

Dr. Dowling Benjamin, of Camden, is a candidate for State Senator.

Dr. Benjamin Edge, late of Jersey City, left a fortune of \$1,000,000.

Dr. D. E. Salmon, chief of the Bureau of Animal Industry of the U. S. Department of Agriculture, has resigned. He is a native of this State, having been born in Stocktown near Schooley's Mountain, where he spent his boyhood and received his early education. He has relatives now living in the State.

Dr. Daniel A. Currie, of Englewood, denies the report that he intends to resign the office of Major and Surgeon in the 5th Regiment of the State militia.

Dr. E. E. Haines, of South Amboy, has declined to be a candidate for the State Legislature or for the Mayoralty of the city.

The Oddfellows of the United States propose to erect a \$1,000,000 sanitarium for consumptive members of their order at Las Vegas, New Mexico.

The late General Wistar has bequeathed his right arm, his brain and about \$2,000,000 to the University of Pennsylvania.

Dr. Harper, of the University of Chicago, is failing rapidly. An operation was performed upon him on the 17th of September but gave only temporary relief.

Dr. Wesley R. Wales, formerly president of the First National Bank of Cape May, was acquitted in the United States Court September 16th on an indictment charging him with embezzlement of \$16,000 of the funds of the institution by means of worthless checks. The trial lasted three days. The jury was less than ten minutes in reaching a decision.

Dr. D. A. Currie, of Englewood, secretary of the Bergen County Medical Society, was elected vice-president, and Dr. J. A. Allis, of Upper Montclair, was elected secretary of the Erie Railroad Surgeons' Association recently.

The first meeting of the Orange Mountain Medical Society for the ensuing fall and winter seasons was held at the rooms of the William Pierson Medical Library Association, on September 29. Dr. M. J. Synnot, of Montclair, read the paper, and Dr. H. B. Whitehorne, of Verona, was the host.

The first lecture of the season '05-'06 before the Essex County Medical Society will be given in the hall of the Free Public Library, at Newark, on Tuesday, October 3, at 8.30 P. M.

Dr. Lee Maidment Hurd, of New York City, will be the lecturer, and his subject will be "A Submucous Operation for Deviated Septa, with Presentation of New Instruments."

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## EARLY CLINICAL DIAGNOSIS OF PULMONARY TUBERCULOSIS.\*

By S. A. Knopf, M. D., New York,

*Mr. President, Ladies and Gentlemen:*

Owing to the limited time at my disposal I shall only be able to give you the outlines of what I consider a fairly thorough method of physical examination of the patient in order to detect an early tuberculosis. It goes without saying that we must not wait for the diagnosis until the appearance of the bacilli in the sputum: there must be a disintegration of the tubercle before we can assume that the bronchial or pulmonary secretions will contain the specific organism: and then it is no longer an early diagnosis.

In taking down the personal and family history I think we should deal delicately and carefully with the subject of a possible hereditary disposition, so as not to convey to the patient the idea that because some one in his family has died of consumption, he is doomed to succumb to it. I wish to remark here incidentally that in my experience nothing is often more difficult than to dissuade a tuberculous invalid from this preconceived idea, probably brought about by a popular notion and confirmed by questions asked him on that subject by every physician to whom he may have applied for counsel. Direct questioning as to the cause of the

death of parents or near relatives should be avoided; one should rather endeavor to discern the hereditary tendency by exclusion. If we consider the rare occurrence of bacillary transmission on the one hand, and on the other how really few families there are wherein some one has not died from consumption or other tubercular disease, I wonder if it is after all so very important to ply the patient with such questions, especially since an inherited tuberculous diathesis does not preclude the chances of recovery.

The only direct question which I am in the habit of asking a new patient is: "Have you ever come in direct, prolonged, contact with a consumptive or a patient suffering from bronchial or pulmonary disease?"

The probably unhygienic environments, a dissipated life, a love for strong liquors, irregularity of meals, great disappointment in matters of love or business, or other depressing factors, all will often give a clew to the origin of an acquired, or to the awakening of a latent, pulmonary tuberculosis.

Of the many phthisiogenetic diseases, that is, diseases which often prepare the field for the invasion of bacilli, first come all the severer types of bronchitis, pneumonia and pertussis; next, all the eruptive diseases of childhood and adult life, such as measles, scarlatina, variola, typhoid fever and typhus fever. Severe grippe, alcoholism and syphilis rank no less high as phthisiogenetic diseases. Pleurisy, especially if followed by effusion, should always be regarded with suspicion; for I believe the majority, if not all, of such cases are of a tuberculous nature. Traumatized, severe shocks, can also become a predisposing factor.

\*Clinical lecture delivered by invitation before 139th annual meeting of the Medical Society of New Jersey, June, 1905, as part of the symposium on Tuberculosis.



It is well known that many a pulmonary consumption has been preceded by digestive disturbances, attacks of nausea or typical dyspepsia. Bad eaters are nearly always candidates for consumption. Of course we ask the patient if he has observed that his sputum was ever tinged with red, or if he has at times actually expectorated blood. While I fully acknowledge the very important diagnostic value of distinct early pulmonary hemorrhages, I do not think it wise to let the patient feel that we attach great importance to this occurrence. Rather let us embrace this opportunity to tell our patient that one or even several hemorrhages do not of necessity lessen his chances for recovery.

In an unmarried young woman a beginning irregularity or a total cessation of the menses is not infrequently a preliminary sign of approaching tuberculosis, just as much as the return of them in a patient under treatment should be considered as an evidence of the march toward recovery. But one should always be on guard when in the presence of a case with vicarious menstruation. Hemorrhage from the lungs in a young girl, even if it happens about the time of her menstrual period, often means the existence of tuberculous trouble.

Cough, dyspnoea and occasional night sweats are other frequent early signs. More or less severe coughing is often brought about by simple extra respiratory efforts, through laughing or excited speaking. After a little while the dry cough is often superseded by one accompanied with more or less expectoration. It is at this time that one should commence with repeated careful bacteriological examinations for bacilli.

Superficial or deep-seated thoracic pains are not infrequently observed in the earlier stages of pulmonary tuberculosis. Hammer has shown experimentally that inoculation with tuberculosis produces, both in the peripheral nerves and in the central nervous system (in the latter with great regularity) alterations which appear very early, ten to nineteen days, and involve the cells of the anterior horns, thus producing muscular weakness which may, though rarely, proceed to complete paralysis. These tuberculous myasthenias and neurasthenias have the characteristic that they make their appearance principally at the outset, and after some time vanish, to reappear upon the slightest over-exertion. Moreover, we find in the peripheral nerves, palpable, objective evidence in the way of painful

pressure points that the tuberculous toxin has attacked the posterior roots and columns. These phenomena are demonstrable in nearly every case of early tuberculosis (and can, therefore, be regarded as indubitable, pathognomonic signs), while they are not nearly as frequent in chronic and advanced cases. Sometimes unilateral, sometimes bilateral, now in the upper, now in the lower, extremity, these pressure pains give evidence as to the locality of the focus, while the degree of the hyperaesthesia serves as a measure of the amount of toxin generated. Of special importance is the unilateral plexus pressure pain which, according to Schmidt, is a certain symptom of pulmonary tuberculosis and of the initial haemoptysis; and if it becomes extraordinarily violent, we have to think of an impending hemorrhage. On the other hand, the complete vanishing of this pain implies an unfavorable prognosis. These facts find their explanation in an early sensitiveness of the nerves (the correlate of neuritis), while their integrity is preserved, and a later obtuseness of sensibility when degenerative changes have taken place.

Irregular or subnormal temperature, irregular, weak and frequent pulse, are strong symptoms indicating a tuberculous pulmonary invasion. Loss of weight is likewise an important symptom. In determining relative chest measurement to weight I follow the suggestion of Papillon of Paris, whose work has been translated by Loomis, who says: "Weight, respiratory capacity, and chest measurement have no value in establishing the possibilities of the development of phthisis in themselves, but must be considered in relation to the height of the person, when they furnish three important aids to diagnosis.

"Corpulence is obtained by dividing the weight expressed in pounds by the height expressed in feet (in a normal man this should be twenty-six; in a woman, twenty-three). Thoracic perimeter is found by taking two measurements of the circumference of the chest—one at the moment of forced expiration, the other at the end of forced inspiration. The average of these two measurements should never be less than half the height.

"Vital capacity is the amount of air expressed in cubic inches, which can be exhaled after a full inspiration. Normally it should bear the relation to the height of three to one for a man and two to one for a woman": *i. e.*, for every inch of height

there should be two or three cubic inches of vital capacity, respectively.

We now come to the physical examination proper. As you see here, gentlemen, I have stripped this patient to the waist, for neither inspection, palpation, percussion, nor auscultation can be done with exactness when there are intervening layers of clothing. We inspect the conformation of the chest, ascertain whether the heart beat is displaced, and look for possible evidences of pleuritic retractions, especially for the supraclavicular depression or glandular enlargements. In the early stages the inspection does not always reveal an emaciated form, nor the typical *habitus phthisicus*—long, thin stature, stooping, hollow and narrow chest, pale countenance and a tired look; but we may observe feeble respiratory movements, characteristic of nearly all candidates for consumption. The glistening eye, pasty skin, the bright color of the cheeks may be observed. Palpation may reveal an increased vocal fremitus. But there is another symptom revealed by palpation, which is not sufficiently emphasized in most of the text-books. By placing the palmar surface of the two hands successively over the whole anterior, posterior and lateral regions of the chest, the patient taking deep inspirations meanwhile, one can often feel the expanding portion of the lungs through the chest wall, and with a little practice differentiate the portions which are more or less involved. The motion or impulse given to the examining hand, by the inflation of the lungs during inspiration, is less in that part of the lung invaded by the tuberculous process, or impaired by pleuritic retraction, than in the still healthy lung substance with a normal pleura. With a little practice one can educate his hands so as to render palpation a valuable additional means for localizing the beginning of a tuberculous process.

In determining the extent and location of solidified areas by fremitus I have recourse to two methods—an objective and a subjective. The objective fremitus is the well-known method of asking the patient to speak, in a bass voice, certain words, as for example, twenty—twenty-two, or hello, etc. The physician places his hands over the chest while the patient is speaking these words and the vibration is imparted to the examiner's hands. The subjective fremitus is felt by the patient and is explained by the physical law that a solid body is a better transmitter than the air. In order to discover this symptom the physician should have the patient make prolonged expira-

tions, accompanied by humming. If there is solidification, the patient will then perceive the vibration of his voice. If the left side is affected it will seem to him that there is a direct communication of the voice between the larynx and that side, while nothing whatsoever is perceived in the right, healthy side of his lungs, and *vice versa*. Immediate percussion, that is to say, striking the clavicle directly with hammer or finger, without a plessimeter, may help to reveal a beginning process of solidification in that region. Mediate percussion should be done with special care above and below the clavicle, and posteriorly in the supraspinous fossa and intrascapular region and along the axillary lines with a view of detecting a possible dull area. Yet at a very early period of the disease the sound perceived through percussion may tell us little *per se*; but the experienced percusser, if he is accustomed to use his index finger as a plessimeter, may have noticed that the elasticity of the lung substance felt by the index finger is much less marked than in healthy subjects.

Auscultation may at a very early period give us a clew to the beginning of a tuberculous process. With Grancher, of Paris, I consider the low inspiratory murmur, characterized by roughness, when persistent and localized in one of the apices, one of the surest and earliest signs of pulmonary tuberculosis. Not infrequently the jerky or cog-wheel inspiratory sounds, rhythmic with the heart, are also perceived. According to Potain, however, this wavy and jerky respiration is simply the respiratory murmur divided by the successive pulsations of the heart. In the opinion of this authority, it is by no means pathognomonic of pulmonary tuberculosis, but can be regarded only as a presumptive sign. Potain has observed the cog-wheel or jerky respiration in narrow-chested women where there has not been the least sign of pulmonary affection. When there is a pulmonary consolidation at one of the apices, even if but of slight magnitude, a marked transmission of the heart sound may not infrequently be observed in this region. Râles of a smaller magnitude may be heard, especially after the patient has coughed a few times. The prolonged expiratory sound, often slightly raised in pitch, is heard when the tuberculous process has been already in existence for some time, the prolongation of the sound being due to a contraction of the calibre of the finer bronchioles. If this prolonged expiratory sound is heard over both lungs it may be due sim-

ply to the fact that there is some obstruction in the nasal cavity. To Da Costa we are indebted for having called attention to the fact that, in a certain number of early cases of pulmonary tuberculosis, a blowing sound in the subclavian or pulmonary artery may be heard, and that a murmur is sometimes present in the subclavian or pulmonary artery before any other physical sign is detected.

Whispered bronchophony may be helpful in detecting a beginning tuberculous process when the other means have failed.

Time fails me to speak of the bacteriological methods, such as the various procedures for determining the presence of bacilli, inoculation of animals with the serous fluid in case of pleuretic effusion, or the agglutination test. In my article on "Tuberculosis" in the "Twentieth Century Practice of Medicine" (Vol. XX) you will find a description of my experiments in regard to agglutination, which I made some years ago at Bellevue with the help of my friends, Drs. Wm. H. Park and Alexander Lambert.

The X-rays will help to corroborate the physical findings and in some cases may be helpful in detecting disseminated smaller tuberculous deposits in the lungs. The diminished or uneven excursions of the diaphragm may also be more plainly seen with the aid of the X-rays than is possible to observe with the naked eye.

It goes without saying that a careful record of the patient's history, our physical findings, and of the symptoms at the time of the examination should always be taken. But the taking down of a careful history takes time. Few of us are masters of the art of stenography. To facilitate the task of taking down the history I have, for the benefit of my staff at the clinic as well as for the staffs of my various hospital and sanatorium services, compiled a list of signs and abbreviations and suggested their uniform employment to my young colleagues. For the benefit of those of you who care to make use of these hieroglyphics and abbreviations, I will here reproduce this list:

Tp.	temperature
W.-n.	well nourished
Bd.-n.	badly nourished
Em.	emaciated
An.	anæmic
a p.d.	anteroposterior diameter
l. d.	lateral diameter
Sp.	spirometer
Exp.	expansion
V.v.	voice vibration
lft.	left
rt.	right
Fr.	fremitus
ant.	anteriorly

post.	posteriorly
lat.	laterally
inf.	infra
sup.	supra
Pl.-ret.	pleural retraction
St.	sternum
scp.	scapular
Brg.	breathing
l.	inspiration
E.	expectoration
R.	respiration
a.	amphoric
ab.	absent
bl.	blowing
br.	bronchial
br.-ph.	bronchophonic
br.-v.	bronchovesicular
c.	clear
cg.	cogwheel
ck.	creaking
cp.	crepitant
cr.	crackling
cs.	coarse
cv.	cavernous
dr.	dry
dt.	distant
f.	friction
g.	gurgling
h.	harsh
it.	interrupted
l.	loud
mk.	marked
mst.	moist
p.	puerile
pr.	prolonged
prt.	protruding
retr.	retracted
ri.	rhonchial
sb.	sibilant
sl.	slight
stg.	strong
tp.	tympanitic
tb.	tabular
w.	whistling

△ supraclavicular region depressed

▽ infraclavicular region depressed

∩ superior sternal depression

∪ inferior sternal depression

∪ protruding scapula

■ flat

⊞ half dull

/// slightly dull

† increased

— decreased

~ normal

• • • • small râles

o o o medium sized râles

⊙ ⊙ large râles

⊙ cavity

⋈ friction sound

Before closing I feel in duty bound to say a word in answer to a question asked by a colleague before I came to this platform. Why don't I use tuberculin? Well, gentlemen, I don't consider it necessary; I do not consider tuberculin infallible; I know



it to have given a reaction in non-tuberculous and to have failed in tuberculous cases; I know it to have done harm, to have caused a generalization of the disease; I would not wish to have it injected into myself, nor into one of my family, and feel thus that I have no right to inject it into others. If careful physical, repeated bacteriological and X-ray examinations do not reveal to me positively the presence of the disease in a suspected subject, I treat the patient hygienically and dietetically for a number of weeks, just as if he were tuberculous. I am then sure that I have done no harm, that I may have perhaps even saved a life. I am not so sure that I do this when I inject a toxic substance, such as tuberculin, and of whose intrinsic value I, for one, am still in doubt.

16 West Ninety-fifth street.

### WHAT THE STATE IS DOING FOR HER CONSUMPTIVE POOR.\*

By Charles J. Kipp, M. D., Newark.

The movement for the proper care of the consumptive poor by the State was started by Dr. Halsey in his address as president of this society, entitled, "Our Duty as Physicians to Consumptives," at the annual meeting in 1900. He strongly urged this society to take up the fight against tuberculosis, to appoint a committee with full power to study the questions involved in the effort to eradicate this disease, to draft a proper measure for the erection of an institution for the care of persons afflicted with this disease, by the State, and to work untiringly for its passage by the Legislature.

These recommendations were favorably received and a committee appointed to carry them out.

At the annual meeting of the following year this committee reported that an admirable bill (No. 45) had already been introduced in the Senate by Mr. Hutchinson, at the instance of the Mercer County Medical Society, this was adopted as the bill authorized by the State Society. Drs. Halsey, Barwis, Sheppard and Hecht were appointed a sub-committee, to whom should be entrusted the supervision of the bill when presented to the Legislature. The chairman and secretary were requested to communicate with Senator Stokes, chairman of the Committee on Appropriations, soliciting a

hearing at an early date, and communications were sent to the secretaries of the district societies, urging them to correspond with Senator Stokes, appealing for substantial support of the bill.

After considerable delay a hearing was granted, and in their appeals before the Committee on Appropriations, they were ably assisted by addresses from Drs. Flick, of Philadelphia, and Knopf, of New York, who have devoted special study to like institutions. Drs. Barwis and Halsey appeared in behalf of the society.

The advantages already derived from the establishment of sanatoria in other states and countries, resulting in the cure of incipient cases of tubercular diseases, the prolongation of life or the amelioration of suffering in the incurable cases were clearly shown, but no appropriation was made, owing to the fact, as stated, "that the drain on the State's treasury had already been so great."

At a meeting of the Burlington County Society (to which this society's committee was invited), the subject of a State sanatorium was discussed, a committee was appointed to act in conjunction with this committee, to urge the different district societies to take up the matter of the education of the laity on this important topic, to use the public press and to distribute circulars freely to the public, to urge individual members to interview legislators, and secure favorable action when the bill should be introduced. Burlington County's action has been endorsed by Gloucester and Salem, and we would urge all district societies to fall into line, feeling that if this plan is faithfully carried out, it will be productive of most excellent results.

While your committee is not able to report any flattering progress toward the end for which it was appointed, yet it feels that it has accomplished a reasonable amount of success, and that the prospects for the future are very encouraging. The interest in the subject shown by the district societies is marked. The American Climatological Association at its last meeting, held at Niagara Falls, passed resolutions heartily endorsing the establishment of sanatoria for the treatment of the tuberculous poor, and other facts show the interest taken by the profession and laity. We would, therefore, recommend either the continuance of the present committee or the appointment of a new one, who shall have charge of this matter, believing that in the coming year considerable progress can be made toward the establish-

\*A part of the symposium on Tuberculosis at the 139th annual meeting of the Medical Society of New Jersey.

ment of such an institution within our borders.

At the annual meeting in 1902, the committee reported as follows: "Profiting by our experience of the previous year, we began our campaign at a much earlier date. Through Dr. Newton, a hearing before Governor-elect Murphy was arranged for. As a result of this, the Governor, in his inaugural address, strongly urged the necessity of such a sanatorium. This gave us an excellent foundation to work upon, and we took immediate advantage of it. A meeting was called and the bill of the previous year was adopted. The chairman and secretary were appointed a sub-committee to secure some influential member to introduce the bill in the Legislature. Through the aid of Dr. Fithian, of Camden, Mr. John C. Horner, Republican leader of the House, was enlisted in favor of the bill and agreed to introduce it. On looking over the bill several objections were discovered and the committee, on the advice of Mr. Horner, employed Ex-Judge Lanning, of Trenton, to draft a proper bill. This was introduced by Mr. Horner, and passed the House by a large majority after a public hearing had been had upon it before the committee having the bill in charge. The bill then went to the Senate, where it was hung up for some time, and as the end of the session was drawing near, a meeting of the committee was called to urge its passage. Through Dr. Jones, of Camden, an interview was secured with the president of the Senate, Mr. Francis, who promised to push the bill along as fast as possible. This he did, and the bill passed by a large majority.

The next thing was to secure an appropriation to put the bill into effect. A meeting of your committee was called to urge the joint-committee on appropriation to insert an item for the sanatorium in the regular appropriation bill. This we were unable to accomplish, owing to the opposition of Senator Hutchinson, of Mercer, the chairman of the joint committee. This was the situation on the last day of the session, and it looked as if all the committee's work would be for naught, as nothing could be done without an appropriation to begin operations upon; but Mr. Horner had a consultation with the Governor, and, by exerting the great influence possessed by them, a supplement to the appropriation was passed by both houses, at the last minute, giving fifty thousand dollars to the board of managers of the sanatorium.

The Governor appointed the following

gentlemen as the "Board of Managers": Drs. Charles J. Kipp, Newark; William S. Jones, Camden; O. H. Sproul, Flemington; James S. Green, Elizabeth; Austin Scott, New Brunswick; Elmer Barwis, Trenton; Colonel E. A. Stevens, Hoboken, and Frank L. Sheppard, Elberon. The board met on April 30th, and organized by electing the following officers: President, Dr. Charles J. Kipp; Vice-President, Dr. Austin Scott; Secretary, Dr. James S. Green; Treasurer, Colonel E. A. Stevens. The following committee on site was appointed: Dr. O. H. Sproul, Colonel E. A. Stevens and Dr. Elmer Barwis. They have as yet agreed upon no site for the sanatorium. In conclusion, the committee would suggest that, in recognition of the vital assistance rendered to us, the Medical Society of New Jersey offer a vote of thanks to Governor Murphy and Mr. Horner.

In response to a request from the chair, Dr. Kipp made the following statement: "You have heard that the Legislature appropriated \$50,000 for the purchase of a site and the erection of suitable buildings for the care of indigent consumptives. We have reason to believe that there are at least 500 indigent consumptives in this State. Two hundred is the largest number now taken care of in any one institution, and it is the opinion of the persons in charge of such institutions that it is not advisable for many reasons to increase this number in any one institution, but rather to build more.

The cost of a sanatorium for consumptives at Rutland, Mass., built by the State of Massachusetts, was three hundred thousand dollars for building and equipment and the institution cannot accommodate quite 250. More than 400 patients were refused admission in one year for want of room. The cost of maintenance of each patient in such an institution is somewhat over \$8 a week, or about \$450 a year; and our institution for 200 patients would, therefore, require an annual appropriation of \$90,000, and if the State wants to take care of the whole number in this State, \$200,000 would be required for maintenance.

To the average legislator this sum will doubtless appear enormous, and I question whether he will consent to give this amount unless you as a society, and the members individually, will take the pains to see the legislators and explain to them that unless the State is willing to spend this amount it would be better to give up the institution altogether, as it could not be maintained for less in a manner creditable to our State. I



can assure you that the commission has no desire to spend more money than is absolutely necessary to provide suitable accommodations for these patients—accommodations that will afford the best possible chance to arrest or cure the disease from which they are suffering, and not spend the State's money for mere ornamentation.

The commission cannot and does not ask you to endorse in advance what they wish to do, but if you as a society could see your way clear to express your confidence in the judgment and fidelity of the members of the commission and ask the Legislature to appropriate for the work entrusted to them such sums, as in their opinion are necessary to carry out their plans, you would no doubt greatly aid the commission in getting the necessary appropriation. This society initiated the movement for the establishment of sanatoria for consumptives by the State, and if you have confidence in the men appointed by the Governor, and do not want the project to fail, I hope that you will give us every help, both as a society and as individuals, to make this, or these, institutions a credit to the State, by using your influence to get sufficient support from the State treasury. The board of managers of the sanatorium with a view of ascertaining, at least approximately, the number of persons in indigent circumstances, suffering from tuberculous diseases of the respiratory organs in this State, for whom they should have to provide, sent circular letters to all the licensed practitioners in the State, more than two thousand, asking for their co-operation in procuring this information. Replies were received from six hundred and fifteen (615). From the answers received it appears that the medical practitioners addressed had under their care no less than 2,148 cases of this disease and that of this number 454 were in indigent circumstances.

It seems fair to assume, from these statistics, that the total number of cases in this State is at least 5,000; and the number of indigent patients, at least 1,000. Assuming that one-half of these cases are in a condition that cannot be benefited by sanatorium treatment, there remain at least 500 to be provided for. As it is not probable that all of these will apply for admission, we have concluded to recommend the establishment of a sanatorium with a capacity of 250 patients. In their report to the Governor the managers said: "To enable us to give you an estimate of the probable cost of erecting a sanatorium, we have visited a number of such institutions and made inquiry into the

cost of building and furnishing the same. We find that the cost of building such a hospital, and furnishing it with all the appliances that modern science has shown to be needed in the restoration to good health in these patients, for a number not exceeding 250, will be at least \$300,000. With this sum we think we could provide comfortable accommodations for the number stated, and give the indigent consumptives as good a chance of being cured, as the well-to-do patients have in the best private sanatorium. We do not believe that with a less amount we could furnish a sanatorium that would be a credit to the State."

As the sum appropriated was \$50,000 we have thought it best, for the present, only to select and purchase a site for the hospital. We have visited many different places which were thought suitable, and finally selected land near Glen Gardner, Lebanon Township, Hunterdon County. This tract of land contains about five hundred and fifty (550) acres. The land adjoins the Central Railroad, and the proposed site of the buildings is located less than three-quarters of a mile from the station. It is easily accessible and at the same time secluded. The air is very pure; the soil is dry and porous; and there is plenty of good water on the place. It has a southerly slope, amply protected from northeasterly winds, on which it is proposed to build. From here is obtained an extensive view of an attractive landscape. The place is about 950 feet above tidewater and includes about 275 acres of woodland. We regard it as an ideal place for a sanatorium.

The Hon. Franklin Murphy, Governor of the State, approved the recommendations of the commission and urged the Legislature to make the necessary appropriation. The joint committee on appropriations recommended an appropriation of three hundred thousand dollars for the building of the sanatorium, but at the last moment this amount was reduced to two hundred thousand dollars. The board of managers under the belief that the last named amount was at their disposal, directed their architect to proceed with the preparations of the plans; but on making requisition for the money from the State treasury, were informed that no money was available as the Legislature had failed to authorize the expenditure of money for the purposes of the commission. The commission was therefore unable to proceed with the work.

In 1904 we again appealed to the Legislature for funds for the erection of the



buildings for the sanatorium and the sum of two hundred thousand dollars (\$200,000) was appropriated for the use of the board. As the plans drawn by our architect were for a larger structure, he was ordered to revise the plans so that the cost of the buildings for the sanatorium would fall within the limits set upon us by the Legislature. The revised plans were approved by the board and by the Governor of the State as required by law, and the buildings are now in course of construction and we hope to have the buildings ready for the reception of patients in the early spring of next year. The administration buildings and two pavilions will be of fireproof construction. Each pavilion will accommodate at least 54 patients. The buildings will be erected on the southern slope of the hill, and are amply protected from the northwesterly winds. Tents and wooden shacks for summer can be added as they are required, and if experience teaches that such structures are more desirable for the housing of the patients than permanent structures, during the entire year, any number of these can be erected around the administration buildings.

As regards the style of the buildings which are to be erected, let me say, that there are four physicians on this board, three of whom probably know as much about the treatment of consumption as any other three physicians in the State. They have studied the subject for years, and they have, after prolonged deliberation, arrived at the conclusion that the buildings which we contemplate putting up are the best adapted to insure the best possible results in the treatment of this disease, at the least expense to the State.

We have studied the plans of similar institutions recently built, not only in this country, but also in Europe. We have visited many of them here and abroad, and feel competent to express an opinion on this subject. We are also taxpayers, and have no desire to squander the State's money. We have no fads to exploit. We do not want to try experiments. We want simply to carry out this work to the best advantage of the State and its consumptive poor. We started out with ideas similar to those, which are held by some members of this society. We, too, thought that the cottage plan would be best and least expensive; but visits to those institutions made up of cottages, and interviews with the managers of these institutions, soon caused us to change our opinion. We found that such buildings

were not only costly to build, but much more costly to maintain, especially if 100 or more patients are to be provided for. We had before us the best experts, men who had been in charge of sanatoria in different parts of the country, and they all advised us to build houses several stories high, to accommodate about 50 people each. One expert thought we would do best by putting up a building of six stories or more, as it would cost less to erect it.

The State of Massachusetts has built a sanatorium at Rutland for about 200 patients. This institution has recently been completed and seems to us to be best adapted for the purpose. It consists of a number of two-story pavilions and the buildings necessary for the administration of the institution. We have adopted a similar plan and have had the superintendent of this institution, who has been there for five years, go over our plans with us and point out defects and suggest improvements. He thoroughly approves of our plan. The Massachusetts institution has thus far cost \$300,000. We supposed that it was a fireproof structure and based our estimate of the cost of our buildings on this supposition. A second visit has shown that we were mistaken in this. It is a frame construction with cement on the outside of the house, giving it the appearance of stone. I understand that the trustees regret very much that they did not make it fire-proof.

With regard to the class of persons for whose benefit the sanatorium is erected, I beg to call your attention to Chapter 31, Laws of 1903, which reads as follows:

*Be it enacted by the Senate and General Assembly of the State of New Jersey:*

1. Section nine of the act to which this is an amendment be and the same is hereby amended to read as follows:

9. Any person who has been a resident of this State for at least one year continuously next preceding the application for his or her admission to said sanatorium, and who is in indigent circumstances, and who is afflicted with tuberculous disease of the respiratory organs of a curable nature, may be admitted into said sanatorium and treated therein without cost, subject to such rules and regulations as the board of managers may from time to time prescribe; provided, however, that before any person shall be admitted as an indigent patient, a written application to the board of managers for such admission shall be signed by him or her, or by some relative or friend of such indigent person, which application shall be

presented to the judge of the court of common pleas of the county within which such indigent person resides: and such judge, upon such application, and upon receiving a certificate from such person, signed by some physician or physicians to be selected by the board of managers of the New Jersey Sanatorium for Tuberculous Diseases, certifying that such person is afflicted with tuberculosis of the respiratory organs of a curable nature, shall, upon his being satisfied that such person has been a resident of this State for at least one year continuously next preceding such application, and is in indigent circumstances, approve such application in writing, and upon the delivery of such application and such approval thereof to the superintendent or person in charge of the sanatorium such indigent person may be admitted as a patient therein.

2. This act shall take effect immediately. Approved March 13, 1903.

From the above it will be seen that, while the people of this State owe a debt of gratitude to the members of this society for having taken the initiative and for having persistently urged the members of the Legislature to undertake the care of the indigent consumptives of this State, a great deal of the credit for inducing the members of the Legislature to make the necessary appropriation for the purpose of carrying out the plans made by this society, is due to the Hon. Franklin Murphy, lately Governor of this State, who on every suitable occasion, with untiring zeal, urged the members of the Legislature to appropriate sufficient money to build the sanatorium, till it was done.

## THE PREVENTION OF CONSUMPTION.\*

By Thomas W. Harvey, M. D., Orange.

Since Prof. Koch demonstrated to the world the etiological relation of the bacillus tuberculosis to pulmonary consumption, there has occurred a complete revolution in our views of the nature of this disease.

A disease that is due to an infection of the system by a micro-organism, is necessarily a preventable disease; it is not inher-

ited, and although susceptibility to infection may be transmitted from parent to child, yet the invasion of the disease may be prevented. No crops will grow on the most fertile soil if we plant no seed. We have no evidence that seed is often, if ever, implanted in the foetus. Every one then has a fair show to escape infection by this disease if he can be kept away from contact with the germ. With these propositions in view, what do we observe when we look over the field and discuss the probability, or even the possibility of escaping such contact?

We find a disease universally present in the temperate zone, wherever we go we find the victims of the disease spreading the germs widely. We find that it is a house disease. We might almost say a bedroom disease. We find it a disease particularly prevalent in congested districts, and intimately associated with poverty and the lack of fresh air and sun light. A disease infectious by reason of the manner in which the active cause, the sputum of the consumptive, is allowed to dry and accumulate in the filth of houses, factories and streets, to be inhaled or swallowed by those that are susceptible. It is a disease affecting all ages and conditions of men. It is intimately related etiologically to all the tubercular diseases and frequently associated with them, often due to infection from tubercular foci in other tissues, often causing tubercular infection in distant regions.

Diseases due to germs have one quality in common. They are subject to the laws of immunity. The organism can be immunized against the invasion of the germs or against the toxins elaborated in their development. There seems a reasonable probability that the Anglo-Saxon, perhaps all the Aryan peoples, are acquiring a natural immunity against this disease. At all events during the last twenty-five years there has been a notable decrease in the mortality from consumption, in all countries where proper statistics have been kept. This decrease in the last twenty-five years in New Jersey has been very large. This period of twenty-five years has not been marked by any special propaganda against phthisis until the last few years, but it has been a period of great general sanitary progress. The introduction of pure water, the establishment of sewer systems, the installation of successful methods of surface drainage, the ventilation of factories, the regulation of child labor, the adoption of pure food laws, the revolution in the method of collecting and supplying milk—a procedure in

\* A part of the Symposium on Tuberculosis at the 139th annual meeting of the Medical Society of New Jersey.

which New Jersey is a pioneer and which has saved the lives of many children—all these have been efficient aids in improving health. Even with all these factors in operation there is something very significant in the steady reduction of the mortality from consumption.

In 1879 the death rate in the whole State from phthisis, to every thousand of the population was 2.73. (See accompanying table compiled from the reports of the State Board of Health for the twenty-three years 1879-1902 inclusive, for Essex County and for the entire State).

Showing deaths in Essex County from Tuberculosis for 24 years.				Showing deaths in New Jersey from Tuberculosis for 24 years.		
Year	Estimated Population	Deaths	Per 1000	Population	Deaths	Per 1000
1879	168,812	554	3.28	1,020,484	2,788	2.73
1880	189,819	511	2.70	1,130,592	2,714	2.40
1881	189,929	585	3.1	1,160,275	2,989	2.57
1882	189,929	675	3.57	1,189,658	3,475	2.92
1883	189,929	677	3.57	1,209,048	3,121	2.58
1884	189,929	632	3.34	1,248,224	3,215	2.57
1885	213,764	691	3.24	1,278,033	3,320	2.51
1886	213,764	672	3.15	1,310,431	3,205	2.44
1887	213,764	784	3.68	1,342,829	3,653	2.72
1888	213,764	696	3.26	1,375,227	3,358	2.44
1889	232,834	764	3.25	1,407,625	3,449	2.45
1890	255,660	820	3.21	1,441,017	3,669	2.54
1891	264,564	804	3.05	1,478,784	3,456	2.33
1892	273,030	801	3.1	1,511,653	3,575	2.36
1893	307,797	774	2.76	1,538,799	3,429	2.22
1894	289,966	786	2.80	1,578,373	3,433	2.17
1895	312,000	778	2.49	1,672,942	3,542	2.11
1896	323,000	733	2.26	1,718,543	3,358	1.95
1897	334,000	739	2.21	1,764,144	3,237	1.83
1898	345,000	759	2.02	1,810,008	3,225	1.78
1899	356,000	848	2.35	1,855,872	3,585	1.93
1900	359,053	836	2.33	1,883,669	3,514	1.86
1902	377,873	721	1.91	1,967,893	3,015	1.53

In 1902 the death rate was 1.53 per 1,000.

In the County of Essex the decrease has been as marked, although the total is greater relatively than for the State at large. In 1879 the death rate in Essex County was 3.28 per 1,000 of inhabitants. In 1902 it was 1.91 per 1,000. In spite of this decrease, however, it is still the particular factor in the death rate that requires most attention.

It is within the experience of most men of fifty that there are fewer cases of consumption in his personal circle of acquaintances than there was in his youth. Moreover, I am disposed to think that in common with some of the other communicable diseases such as syphilis, malaria, scarlet fever, &c., this disease is growing milder in its character and more amenable to treatment. Thirty years ago cures were rare, now they are fairly common. At the beginning of my medical practice, to diagnose consumption was to sign a death warrant. How different we feel about it to-day; and this not alone because we can and do make our diagnosis earlier, and not altogether because we practice the out-of-door treatment now, be-

cause men have been using that method more than thirty years; but I feel assured that one powerful factor in our better results is the milder effects of the disease upon the organism, due, either to the milder character of the infection, or to an increasing ability to resist the disease produced by the increasing natural immunity that the race is developing. This is the quarter from which we can expect the most favorable and permanent results.

The cause of this disease is so universally present in congested centers of population, that we may never expect to eradicate it. It is simply impossible to isolate all the cases of tuberculosis, even if we could, as von Behring says, segregate the coughing consumptives; as it seems quite probable that 90% of the people are infected with tuberculosis at some time during their lives. von Behring's extensive experiments have this one object in view. "To make all houses for the prevention of consumption, all sanatoria, etc., unnecessary by means of a protective agent, similar to that by which Jenner made small-pox pest houses unnecessary." With this in view, his immunization of calves by the inoculation of the bacilli of human tuberculosis, and the development by this means of a herd of milch cows which shall be immune to bovine tuberculosis, and whose milk shall be so charged with antibodies that it may be fed to babies with the result of immunizing them against consumption, is a move in the right direction and one full of promise for the future; even if we are not quite ready to agree entirely with his theory of the manner in which infection takes place. He holds that the primary tuberculous infection usually occurs in infancy causing a primary immunity, and that the later developments of consumption are due to reinfections frequently from the original focus. An instance of such infection I have in mind, where a coughing consumptive frequently entertained her little nephew and nieces in her bed-room. It is only right to say that the diagnosis had not been made at that time. The children played on her bed and in her arms, and all four of them became infected, two died of tubercular meningitis, one of consumption, one had numerous tubercular infections of the bones.

It is rational to think that resistance to any given disease is a matter of very slow development in a race, but it is inevitable that such resistance should be developed in the case of all infectious diseases, or the race would soon become extinct. The regu-



lar progressive advance in each generation in the matter of the increase of anti-bodies in the blood adverse to this disease, is an efficient cause of the progressive decrease in its death rate. It is the duty of sanitary medicine to increase this immunity as rapidly as possible, supplementing the great laws of evolution, natural selection and survival of the fittest, by advancing all such efforts as those of von Behring, and others that will tend to raise the resisting power of the individual, and the race to the highest degree.

The conditions that favor the spread of this disease are worthy of consideration if we are to successfully institute measures of prevention. If you go into the country and ask why there were so many deaths among the farmers of the last generation, whose days were spent in the open air, you will find that it was the women who were the most numerous victims; and you will find as the cause, the houses carefully banked up for the winter, the windows studiously listed, never opened, the old fire place of the preceding generation boarded up and the house heated by stoves. The farmers' wives of the last generation were an indoor race. Their sons and daughters are living better, more fresh air is getting into their houses, and as a consequence the descending death rate from phthisis is greater in the farming regions.

If you go to towns and cities, a study of the death by blocks soon locates the disease in the closely built up tenement houses. Every town has its lung block, and the relation of dirt, dampness and darkness to the spread of this disease is easily demonstrated, so that the problem of the prevention of consumption begins at the very basis of our civilization. The site, the foundation, the windows, the surroundings of the habitations of men are the fundamental factors in our problem. So long as the necessities of the struggle for existence require the crowding of tenement houses to such an extent that each and every habitation may not have a plentiful supply of fresh air and sunlight; so long as the cleansing of our city streets is carried on by the methods now in use, just so long will the problem of prevention of consumption remain unsolved.

Sanatoria for the purpose of educating and healing of the sick, propaganda for the purpose of awakening the people to the dangers of promiscuous spitting, the formation of anti-tuberculosis societies may have some influence; but a most active agency in the spread of consumption is the criminal

carelessness on the part of municipalities as to the character of habitations that are allowed to be erected within their walls, the number of tenants a landlord is allowed to crowd into these wretched buildings, and the manner in which the dirt and filth of houses and streets are allowed to collect everywhere except in a few show streets. One has only to watch the progress of every trolley and swiftly moving automobile or carriage, to see the dust going far and wide into the houses and onto the table impregnating food and drink.

To make a beginning in the prevention of this disease brings us to the point where we are willing to stop and ask, what does our boasted civilization amount to when we devote so little attention to the correction of evils so well known. The fact is that public sanitation seems impossible in a Republic. A military despotism such as General Wood and Major Gorgas exercised in the government and cleaning of Havana, could take up the problem of sanitation in a city even as large as New York, and with the proper knowledge of how to apply such despotism could reduce the mortality from phthisis and pneumonia to a negligible quantity. Has it ever occurred to you what the results would have been in Havana if there had been an ordinary line officer as Governor General, and not one who had had a medical training?

I have said that consumption is a house disease, I should say that it is a disease of unventilated and dirty houses.

If we descend from generalization to particulars, and study the conditions present in the houses where many cases of consumption have occurred, we find that the worst infected are those where sunlight and air are kept out. Medical literature is full of instances which corroborate this statement. The back tenement, the narrow alley, the inside bedroom, the narrow air shaft are familiar conditions found, and to them are added the evils of over-crowding of population and the introduction of industrial pursuits into the houses. The sweat shops and the unventilated factory, where the dust due to occupation is not properly carried away by mechanical devices, are, and have been fruitful fields for the spread of this disease. An example of great improvement in the health of the operatives, due to the introduction of devices for carrying off the dust due to the occupation, has been well illustrated in the history of the hatting industry of Essex County, where the cases of consumption and mercurial poisoning are

very much less frequent than they were twenty-five years ago, before the new factories were built. Thus ventilation of factories, by reducing the irritation of the lungs caused by the dust, and rendering them less susceptible to infection is one of the means for the prevention of consumption.

The last few years have seen the beginning and progress of a great crusade against consumption. In 1859 Dr. Brehmer, in Germany, instituted the first sanatorium for the treatment of consumption along lines suggested by Dr. George Bodington, of England. England had, however, the Royal Hospital for Diseases of the Chest at London as early as 1815, and a seaside sanatorium for scrofula was founded at Margate in 1791. Here the treatment by fresh, pure air was attempted, and from this beginning slowly at first, but with great rapidity of late years, the treatment by sanatoria has spread widely, and at present in all civilized countries we find that such institutions are being established by governments, by private philanthropy and commercial enterprise. In the United States to-day there are, according to Dr. Knopf, 174 hospitals and sanatoria, situated in 36 states and territories with beds for 9,000 patients. There are, in addition, 32 dispensaries and clinics for the special treatment of consumption.

The results of the sanatorium and climatic treatment, and the fact that it is possible to cure from 60 to 70 per cent. of the incipient cases, has enlisted the laity in the movement and we find in active operation in this country some 47 anti-tuberculosis associations and commissions, devoting their efforts to the prevention of this disease.

In Europe the same activity has been shown, only to a greater degree and for a longer time. In 1900 England had 1,500 beds and Germany 3,000 beds for the treatment of consumption. In the latter country the Government Insurance Department as well as the Commercial Insurance Companies have established sanatoria, and there are numerous private societies established for work among the poor. France follows in the number of institutions for the charity cases, and other countries are carrying on the same work. Both in Europe and in this country the well-to-do and the very poor are fairly well provided for, while the consumptive of small income is not. The Charity Organization of New York, reports that on January 1, 1905, there were 3,674 free beds available in the United States, while there were only 1,799 where the charge is less than ten dollars a week.

Where does New Jersey stand? Eighteen beds in a special phthisis pavilion in the Orange Memorial Hospital. An anti-tuberculosis committee with a clinic for the tuberculosis poor. A State commission and the beginning of a State sanatorium; and the promise of a similar institution for Paterson, where a well organized active association have taken the matter up and are pushing things.

The poor consumptive needs more than this provision. They are barred from the general hospital as much as possible, and if ever we are to make headway against this disease, we must be able to take the poor clerk or hat trimmer in the incipient stage and place them where they can have a chance, where they can be trained; where they will cease to be a menace to the public.

Every state should have its sanatoria. Every county should have its encampment. Every large city should have its tent city for its incipient cases. Every hospital should have isolation wards for phthisis, and a dispensary for the feeding and education of the ambulatory cases. The organized charities of every town should have for one of their objects, the provision of opportunities for the cured and arrested cases to make a living, without being driven back to the lung block, the sweat shop, the unventilated, gas-lit, bookkeeping department of some commercial house, the dust of the factory or trade, which has invited and aggravated the first invasion. All boards of health should have knowledge of the location of each case of the disease in order to educate its victims, so that they may effectually destroy their sputa, and cease to be a source of infection to themselves or to their families. Also that they may watch the development of the disease in certain localities and houses, destroying those that are irreclaimably infected, and disinfecting premises after death. Regulations as to spitting must be enforced, and provision made for public cuspidors. The general education of the public as to their own health, the sources of danger in consumption, the probability of cure in early cases are rightfully within the function of the numerous anti-tuberculosis associations, which in such ways are serving a useful purpose.

In conclusion. It is only by enlisting all possible aids in this campaign that we can overcome the ravages of this disease, the prevention of which resolves itself into two methods.

1st. The restriction of the danger of

contagion due to contact, by the destruction of the bacilli after they have left one individual, and before they have reached another. To do this we need the most efficient public sanitation for the destruction of the breeding places of the disease, and safeguarding the food supplies of the people, by exterminating bovine tuberculosis, and by the prevention of the pollution of food and water and commonly used utensils by the tuberculous patient. We also need the most careful and conscientious efforts on the part of the diseased individual himself, not to be a source of danger to others, and the intelligent aid of philanthropy in providing treatment and assistance for the indigent.

2d. The development of the resistance of the individual, by placing him in an environment conducive to the highest physical condition, and the cultivation of his natural immunity to its highest degree; and the use of such methods as will induce an acquired immunity during times of greatest susceptibility or exposure.

### THE TREATMENT OF TUBERCULOSIS\*

By Irwin H. Hance, M. D., Lakewood,  
N. J.

Many of my hearers well remember what the treatment of consumption amounted to ten to twenty years ago. It may be characterized by hopelessness on the part of the physician who ordered the treatment; an imperfect understanding of what the disease was; what the symptoms indicated and particularly how best to overcome them; and lastly by depression and discouragement on the part of the patient, who felt there was but one ending to the disease, the grave.

Light has been breaking through the darkness, gloom and despair surrounding these unfortunates of the great army of the "white plague," with ever increasing intensity, year after year, until to-day countless numbers of physicians, scientists, philanthropists, legislators and the laity, throughout the whole civilized world, are enrolled together to fight this dread destroyer of the home. This powerful united

action along with the propaganda of education, is waging a victorious warfare; another decade will reveal astonishing results; upon you and me as physicians rests a great responsibility in furthering the success of these combined efforts. To us first of all comes the consumptive; we must begin at once the proper treatment of the disease and instruct the patient what to do to prevent the communication of the disease to others.

TUBERCULOSIS IS CURABLE. Some, possibly many, of you are perhaps sceptical about this statement; it is proven by the autopsies made upon thousands of persons dying from other diseases, sudden deaths, accidents, operations, etc. Osler gives the percentage of healed pulmonary tuberculosis at 7.5; Biggs places it at 30 per cent.

The writer began his work in tuberculosis 14 years ago, in 1891, and was resident physician of the Adirondack Cottage Sanatorium for nearly five years. He personally knows of twelve physicians who positively had tuberculosis, eight of them have remained cured of their disease for thirteen years or longer, two for twelve and two for ten years. This is his own personal clinical proof of its curability among his confrères alone. Laurason Brown\* in a summary of 1,500 cases discharged from the Adirondack Cottage Sanatorium from two to eighteen years gives the following: 1066 patients were traced, 434 untraced. Of these 1066, 46.7 per cent., are still living; 30 per cent. are well; 6.5 per cent. arrested; 4 per cent. have relapsed; 5.2 per cent. are chronic and 53.3 per cent. are dead. In other words, nearly one in three of all cases of patients treated remained well after two years or more.

The ideal means of treating this disease has not yet been discovered; while brilliant scientific research has demonstrated the possibility of establishing immunity against the disease in animals and the question of antitoxin treatment is still far from being solved, we need not rest with our hands supinely folded and leave our patients to their fate. The obligation is upon us and our duty is to cure them—many are cured without knowing it; we know of very many whom the physicians have cured; let each one of us add our quota to this number and our results will be surprising.

To-day the sanatorium treatment is surely the best we can offer such patients; those

\* A part of the symposium on tuberculosis at the 139th annual meeting of the Medical Society of New Jersey.

\* Laurason Brown "An Analysis of 1,500 Cases of Tuberculosis." *Jour. Amer. Med. Ass'n*, Nov. 20, '03.



at the head of such institutions are more thoroughly trained, have a larger experience; the patients are under closer observation and the more exacting details of the daily life are watched more carefully; the patients by force of example are more willing to obey instructions and the climate must be reckoned as of value; above everything is the educational side of this life as a means of instructing the patients not only to take care of themselves at the present time but also in the future; and finally how to prevent re-infection of themselves and the communication of the disease to others.

More far-reaching benefits than to the patients themselves are secured by the presence of such an institution since instead of being a menace to the health of those residing in the locality, statistics have shown that the death rate from tuberculosis has fallen in the vicinity of sanatoria and consequently the phthisiophobia of the individual or the community is groundless.

The sanatorium treatment owes its origin to Hermann Brehmer in Silesia in 1859, and in this country to Edward Livingston Trudeau in 1884; the same line of treatment which is carried out in a sanatorium, modified to meet the requirements of the individual and his surroundings, is what we must make use of. Even though we know that the sanatorium is the best place for these cases, there are two strong reasons why the practical application of this treatment in the home is necessary; first, the capacity of all the sanatoria, state and private, and all other institutions of like character would only be sufficient to take care of a fractional part of all tubercular invalids; second; only a small number of these patients could afford to pay for such treatment or absent themselves from their homes for the proper length of time.

The treatment implies a greater duty on the part of the physicians than making the diagnosis, stating what the patient is to do, writing a prescription or two and telling the patient to come back in two weeks time; on the part of the patient a greater willingness to obey implicitly the doctor's orders than is usually met with and a decision that he will assist the physician in every way. The physician must look with grave suspicion on every case of cough which presents itself to him; throat coughs, stomach coughs, bronchitic and asthmatic coughs, pleuritic coughs, etc., are terms much too commonly used by the physician to mask his unwillingness to tell the patient the exact condition of affairs. So it is with the terms

"malaria" or the "grippe"; they serve too often as a cloak to cover the condition, the immediate recognition of which may insure the whole future well-being of the patient.

Above all things, always consider hæmoptysis, or a little blood spitting, as direct evidence of tubercular trouble, unless you can positively see a ruptured vessel as the cause of it. In all cases, precious time is lost by not acting upon this plain warning and in some cases precious lives are surely sacrificed. At all times the physician must avail himself of every scientific means to clinch the diagnosis; study well the pulse rate and have a temperature record which gives the morning, afternoon and evening temperature, inquire minutely into the patient's well-being during the preceding months and look with suspicion upon a steadily increasing loss of strength and health and, particularly, upon a loss in bodily weight. In every case make use of the state laboratory for the examination of sputum; let this be supplementary to the most careful physical examination, which must only be made on the patient, divested of all clothing covering the chest. Many a case of pleurisy is overlooked in women because the corsets were not removed. If in doubt and still suspicious of the presence of tuberculosis, do not defer your consultation until the progress of the disease has stamped itself so indelibly upon the patient's features that the looking-glass reveals the trouble to the patient before you yourself have told him what is the matter.

The open air rest cure embodies the principles of the treatment, fresh air in the open as many hours as possible in each 24, fresh air inside of the house day and night, rest in the open air, super-abundance of good food, exercise only as it does not produce certain positive symptoms and the proper attention to the skin by bathing—and to the general laws of hygiene.

Fresh air, with and without sunshine, with and without dampness, with and without winds, with heat and cold; all these conditions must be met with in overcoming the natural inborn antipathy of patients to live in the open. Healthy people are always afraid of catching "cold", and your tubercular patient has even greater dread of this same calamity and it is no easy task to get him to live out-of-doors in all weathers.

These objections and fears which are very vivid and real to your patients must be overcome by patience, firmness and a rational clear-cut method of procedure on

your part. Impress upon them and make them feel that you are right, when you say that fresh air will not give them cold, but save them from it. Rain or dampness will not affect them at all, if they are under cover and do not get themselves wet. To overcome the sensation of chilliness or cold (be sure to distinguish between the chill of the disease and cold) do not use too heavy undergarments, but clothe the patient with outer garments of heavy woolen texture and furs sufficient to keep warm out of doors. This is very essential, for even when the patient goes indoors he will be likely to become overheated; the more completely they live an out-of-door life, the less artificial heat do they require in the house and the more easily can they divest themselves of or put on outside garments to keep themselves comfortable. When treatment is begun in the colder months, instruct them to sit out an hour and then if chilly, go in for a short time; by this means after a period of a few days you can readily accustom them to spend all their time in the air. When dealing with the symptoms of chilliness, due to the disease, keep the patient in bed or on a lounge in the air, as this is the only means of combating the disease.

Avoid heavy winds by selecting a corner of the veranda which faces away from the prevailing wind. Flood the bed-room with air by opening wide the windows, thereby avoiding the smaller currents of air. When a patient sleeps out of doors a southern exposure is to be selected. This procedure, as also the sleeping contrivances whereby the patient sleeps with the head out of the window, or with a hood over the head of the bed, which is attached to the open sash and sides of the window and then fastened under the head and inner side of the mattress, thereby preventing the temperature of the room from becoming so intensely cold, demonstrate clearly that the patient is not harmed by large currents of air. When possible, patients should dress and undress in some other room than the one in which they sleep. One of the most prominent advocates of ventilation and the air-bath was Benjamin Franklin. Parton in his biography goes on to say "He spoke, and the windows of hospitals were lowered; consumption ceased to gasp and fever to inhale poison"; truly an extravagant statement during his time, but which now approaches its consummation.

Rest must be absolute in all cases of hemorrhage, when the temperature is above 101 F, where the heart action is over 100,

when there is a daily chill, during the first few weeks, while you are observing the type of disease you are dealing with, in pleuritic cases when cough is increased by moving about, or when some fluid is found in the pleural cavity, when the patient continues to lose flesh or under treatment, remains stationary well below the average weight. In the acute cases or acute exacerbations of more chronic conditions the bed is imperative; in all cases save your patients every ounce of wasted energy and let them use it in building up their nutrition or increasing their resisting powers.

Food; usually the tubercular patient has no appetite and yet food is the only means of overcoming the disease and over supplying the large daily bodily waste, super-alimentation is the key-note of success; thereby you restore the appetite as well as the strength of your patient by natural means, instead of by stimulating tonic drugs. A strict dietary should be prescribed for each individual case, explaining to them how they can take the amount of food you require them to take. Meat should be eaten at least twice daily, and where possible add the squeezed juice of one-half to one pound of beef—eggs are best taken raw, immediately after finishing the meals, begin on one each day and increase until at least six are taken daily. Milk—from one to one and one-half quarts must be taken every 24 hours—one glass on awakening, one at meals, one in morning and afternoon and at bed-time give the patient three pints. Fat in the form of cream, butter, oily dressings and olives is to be freely taken. Add to these whatever the patient desires in the form of fruits, vegetables, cereals, etc., only avoid the free use of tea, coffee, sweets and pastries, pickles and highly seasoned foods.

Alcohol, despite the commonly reported good effects from its use, and tuberculosis are antagonistic and the physician will find a very small percentage of cases in which it is indicated. Exercise must be controlled by the physician. The advice so often to "Go west, young man, buy a horse and live out of doors" has sacrificed many a precious life. Do not exercise if hæmoptysis occurs, and never violently in hemorrhage cases; if temperature rises; if palpitation occurs; if dyspnoea supervenes or cough is excited; or if it results in loss of weight. A good general guide is the degree of fatigue resulting from muscular efforts; never produce over-fatigue.

Of great importance, and oftentimes greatly overlooked, is the question of bathing. The

proper application of water will improve the surface circulation; act upon the vaso-motor system so as to stimulate the functions of the secretory organs; improve the general nerve tone of the body, and save the patient from being affected by the temperature changes in the atmosphere.

Every patient, no matter how poor their surroundings, can sponge off the face and the upper extremities and the whole trunk down to their hips with cold water just as they wash their faces on arising in the morning. Begin with cool water and lower the temperature daily until they use it as it comes from the faucet or well. If a bathtub is at hand run a few inches of warm water into the tub and then sponge off the whole body with the cold water as it runs from the tap. It may take a little time to accustom them to the cold water, but once having been educated to its use they will never omit it.

A more vigorous and tonic procedure is to rub the patient down with a very strong hot salt-water bath and rub down with cold water afterwards; this can be done in a tub or with the patient lying in bed in a blanket; does not need a skilled attendant; the hands of the rubber should always be uncovered—no sponges or mittens used. These three forms of bath need not consume more than five to fifteen minutes, save when the salt rub is done in bed, when thirty minutes must be allowed.

The laws pertaining to hygiene should be most carefully looked after, the mere enumeration of which is all that is needed; the proper attention to the teeth, the mastication of the food, sufficient time for and regularity of the meals, the daily evacuation of the bowels; with women give particular attention to the menstruation and do not seek to restore this function by drugs—if absent; the examination of the urine; learn how much and how well your patients sleep—finally instruct one and all of them how to take care of their expectoration. Tell them emphatically that if they destroy their sputum they are to all intents and purposes incapable of communicating the disease to others. Compel them to use a disinfectant, if they use spittoons—the simplest and surest means is to burn their expectorations; in lieu of cheese cloth or pieces of linen use a few pieces of toilet paper or newspaper; have a receptacle to throw them into and burn the contents several times a day. Never permit your patients to spit into their handkerchiefs or swallow their expectorations. Various

forms of spit cups in paper and glass for pocket use are to be had.

Finally, as regards drugs, only prescribe them where a distinct indication for their use exists. For the cough, codein and heroin have served the writer well—use as little as possible and stop them as quickly as you can. The use of carbonate of creosote in small doses (five to twenty minims after meals) will sometimes affect beneficially the cough and expectoration. Almost the only tonic he uses is the compound syrup of the hypophosphites with or without strychnine. If you use cod liver oil, use it pure, and the best oil made—oil and water do not mix—if the mouth, teeth and gums are thoroughly moistened with ice water, and the surface of the spoon as well to prevent adhesion of the oil, a patient will quickly get over any distaste for the drug. If only one dose is given a day for three days and then increased slowly until the full dose is reached, you will rarely have a patient come back to you and say that the oil was regurgitated. Remember you are going to use the oil for many weeks.

Success in treating this disease rests upon the tactful, sympathetic and pains-taking manner of the physician in his dealings with his patient: in the constant care and personal supervision of his daily life and in noting every warning. The co-operation of the physician and patient is essential; this can never be secured unless you tell the patient what is the matter; the depression produced by the knowledge that one is a victim of this disease is more quickly overcome at first than later, and no one will blindly follow a physician's orders unless a clear reason is given. The tubercular individual must be made to understand that you are treating a disease and not simply a cough, hence he must be willing to implicitly follow orders; do not, because he does not go away for treatment, allow him to do any work at all for a considerable time; guard him from the officious interference of his relatives and friends; impress firmly upon him that it will take many months to get well and the result rests entirely upon his own untiring efforts.

'Tis a hard task for a physician to tell a patient that he has consumption, yet 'tis his duty to do so and at once; 'tis a staggering blow for the patient to be told it. Fortunately the old pessimistic ideas concerning the incurability of the disease are now giving way to a more general optimism, which, if carried too far, may make the patient careless because he fails to recognize the danger he is in.



The writer knows how difficult it is to enlist the interest of the great body of physicians in treating faithfully this very chronic and, to them, uninteresting disease; if he succeeds in enrolling a few of those present into the ranks of the men who are working patiently for the welfare of such a large proportion of the community, he will feel that his small efforts have been fruitful of good, and he knows that the physician himself will be more than compensated by the knowledge that his future efforts will bring back health and happiness into the homes of many where gloom and despair formerly dwelt.

### SOME POINTS IN THE DIAGNOSIS AND TREATMENT OF PULMON- ARY TUBERCULOSIS.\*

By Theodore Senseman, M. D., Atlantic City.

In this day, when so much is being written about tuberculosis, and when so many new theories and new methods of prevention and treatment are being advanced, one hesitates to approach the subject unless he has some real or fancied advancement in the theory or treatment of the disease to expound. As I have no such advancement to offer, I feel it but proper to preface these few remarks with an apology.

My object is the presentation of several points which may help in the early recognition and treatment of the disease. Points that have impressed themselves upon me during the past winter as a result of a study, both of my own case, and of numerous other cases in the various stages of the progress of the malady.

I, therefore, throw out these few ideas or impressions, claiming no newness for them; but rather with the hope of soliciting your interest in some of the minor, but at the same time, important details of the disease and with the hope of bringing out a discussion upon the subject in general.

**DIAGNOSIS.**—In dealing with the question of diagnosis it is not my intention to enter into a description of the various signs elicited by a physical examination, but rather to call attention to some of the objective

signs which first direct our attention to the lungs and which, when present, should arouse our suspicions of a beginning tubercular lesion in the pulmonary tissues of our patient.

These signs (which constitute also the symptoms of the disease) may be considered separately and under six heads as follows:

1. Gradual loss of weight, emaciation.
2. Weakness on slight exertion.
3. Unduly increased frequency of the pulse beat after exercise.
4. Daily variation in temperature.
5. Cough.
6. Expectoration.

Very often it is but one of these signs which is presented by the patient, when first seen, and the symptom is so slightly felt and shown that, either as a result of his own carelessness in not consulting the physician soon enough, or upon the advice of a too sanguine but careless medical adviser, he drifts on in blissful ignorance until the ravages of the disease so stamp their marks upon him that "he who runs may read" and he presents the layman's typical picture of the hopeless consumptive hoping against hope.

When the individual presents this typical picture, the unnaturally bright eye—flushed hollow cheeks—emaciated form, the hacking cough with expectoration, it is often too late to do anything for him—the line between the condition which admits of a possible recovery and the condition which is followed by ultimate and sometimes speedy death is passed; and despite our best efforts all we are able to accomplish is a small lengthening of the thread of life.

One of the first things which we must firmly fix in our minds is the fact that the tubercle bacillus is no respecter of persons. It is not alone the frail, puny, delicate, underweight individual who is the chosen host of the tubercle bacillus but the strong athlete—that large, well-built and robust looking man may be nursing in his lungs the early stages of a tubercular process. From this fact—a fact which is capable of daily proof—we are naturally led to the conclusion that emaciation is by no means a constant sign of the disease, especially in its early stages. There is, however, a gradual loss in weight, which often is so slight and so gradual as not to be noticed by the patient, and while at the time of examination the individual may be some 10 or 20, or even 30 pounds under weight, this loss has occurred over a period of months, or even several years, and hence has been so slow

\*A part of the symposium on Tuberculosis delivered at the 139th annual meeting of the Medical Society of New Jersey.

in development that its true significance is lost sight of.

This loss of weight may be and often is the last thing to be noticed; and while the knowledge of the fact should be of great importance in directing our examination, the lateness of its recognition, very often causes its importance to be overshadowed by the presence of other, and more marked, symptoms of the disease.

One of the earliest symptoms that is noticed by the patient is a feeling of weakness or a malaise especially during the early part of the day and after slight exertion. Or, as is often the case, the patient complains only of tiring more easily than usual. Coupled with these, there may be a loss of appetite or evidences of a deranged digestion—perhaps a slight cough. How often are such complaints carelessly considered of no importance; and in want of a diagnosis and to save the trouble consequent upon the necessary careful investigation of the patient's true condition, we say—spring fever—prescribe a little quinine and dismiss the patient from our minds, with no attempt at an examination of the chest and with no more thought of a possible beginning tuberculosis than if such a disease did not exist.

It is in just such careless methods that we as physicians often fail in our duty to our patients and it is just such carelessness which often dooms the unfortunate "lunger", who falls into our hands, to fill an early grave, or at the best, to a shattered and permanently weakened and diseased condition which must be nursed through the remaining few years of a miserable existence. I do not wish to lay myself open to the criticism of magnifying small and apparently unimportant symptoms, nor do I wish to imply that every patient who is under weight or has lost the keen edge of the desire for food has tuberculosis—there is such a thing as spring fever perhaps—but since so large a proportion of people have at one time or another a tubercular process, and since the symptoms of the early stages are often, and, perhaps, in the majority of cases, so well masked that we are readily led away from the true recognition of the trouble; and since many of these illy-defined cases rapidly pass beyond the limits of safety and a possible recovery, it behooves us to be on the lookout for the very first manifestations of the disease; for it is in the early stages that we can be of help. If we neglect these apparently unimportant symptoms and only when we are presented with the layman's picture of the consumptive,

make our diagnosis, we utterly fail in our duty not only to our patients but to the community at large.

*Temperature.*—The question of the variation in the temperature, while of importance in directing our examination to the lungs, can not wholly be relied upon as a permanent diagnostic sign. Many cases there are in which evidences of comparatively large areas of infiltration are present and in which very little if any increase in the afternoon or evening temperature is discernible; and again, a considerable variation may be present while the actual lung involvement may be very small indeed. Sometimes the position and extent of such a lesion is extremely difficult to make out by our physical examination. Personally, I do not believe that pulmonary tuberculosis *per se* produces any elevation in the temperature above, perhaps, a degree.

Those cases, in which a variation of more than a degree is present, usually have associated with the tubercular process a mixed infection and the greater the number of pus producing micro-organisms present, the greater the variation in the temperature. I, therefore, believe that the streptococci and staphylococci are the most, if not the all, important factors in the causation of the temperature variation. This I have seen demonstrated by repeated examinations of sputa and have noticed that as the temperature became more and more regular the sputum showed less and less streptococci and staphylococci although there was not a like diminution (and in many cases no diminution) in the number of the tubercle bacilli.

In my own case I have never had my temperature register above 99 and I have never found either variety of the pus producing micro-organisms in the sputum although this sputum has at times been loaded down with tubercle bacilli, 20, 30, and as high as 60 being counted in one field. This experience I have seen repeated in a number of other cases and, therefore, I repeat, what I have already asserted to be my belief in this matter, viz.: that in pulmonary tuberculosis the tubercle bacillus produces little or no elevation in the afternoon or evening temperature.

*Pulse.*—One of the earliest and most constant manifestations of tuberculosis is an unduly increased frequency in the pulse beat after exercise. While the degree of this increase differs in the various stages and in different individuals, and while it is modified by a great many circumstances, either closely or remotely connected with the tub-

ercular process, there is a greater or less increase, above the normal, in all stages and as a result of the tubercular process alone. When a mixed infection exists, this increase is magnified as are all the other symptoms of the disease.

Dr. Jennings, of Detroit, is sponsor, I believe, for the statement that where a pulse jumps 20 or 30 beats after slight exertion for a period of several months, in an individual in whom no organic or functional heart affection is present, this increase in the pulse beat is so characteristic as to be diagnostic of a pulmonary tuberculosis. While this is, perhaps, rather too sweeping a statement, I firmly believe that such an increase in the pulse beat after exercise, unassociated with organic or functional heart lesions, strongly points to the presence of a beginning phthisis and should at once move us to a careful chest examination. Even when such examination is attended with doubtful or apparently negative results, this irritability of the pulse should cause us to closely watch the individual for a considerable space of time. Very often such close watching will reveal other signs and symptoms which will enable us to diagnose the beginning of the disease and the physical examination, at first vague or negative in its results, will, after repeated trials, confirm a suspicion which had its origin in this simple and apparently unimportant increase in the pulse beat after exercise.

*Cough.*—He who waits for the appearance of a cough before suspecting the possible presence of a beginning phthisis and making a chest examination, will find most of his cases well advanced when the chest is first examined. While it is true that all tubercular individuals have, at one time or another, during the progress of the disease a cough, many do not develop this cough until the disease is far advanced. Again a cough may have existed for months with practically no impairment of the general health; or this hacking cough, usually worse in the morning, may have been so insignificant and have occasioned so little annoyance that the patient will deny having a cough at all or will remember it only after repeated and careful questioning.

It will, therefore, readily be seen, that the alleged absence of a cough is of very little significance in, and may constitute a decided drawback to, the diagnosis of the early stages of the disease. The custom of not making a chest examination because the patient denies the presence of a cough or because during his visit to the physician's

office the real or apparent absence of a cough is noted, is responsible for many failures to detect the small beginnings of this grave disease. Some cases do not start with a cough, but have at first and for some time a simple hoarseness as the only symptom. But while the absence of a cough does not always mean an absence of a tuberculosis, the presence of a cough or repeated colds, often do mean a beginning phthisis. Many individuals are subject to these so-called "colds", which occurring with increasing frequency resist treatment more and more stubbornly as they follow each other, until one remains with the attending chronic cough. In this manner, very often, begins consumption—a beginning so insidious as to permit of the disease becoming firmly established before the suspicions of the patient (and often, also, of his medical attendant) are aroused to the real nature of his ailment. Therefore, the importance of a thorough examination of the chest, both anteriorly and posteriorly, in all cases of chronic cough, with the view of establishing the presence or absence of a beginning phthisis, can not be overestimated. The absence of a cough should not discourage an examination for evidences of the disease—the presence of a cough, especially if of long standing or recurring at short intervals, demands our immediate and most careful examination of the lungs.

*Expectoration.*—The presence of expectoration which contains the tubercle bacillus is, of course, the only positive proof of an existing tubercular process. And yet the diagnosis in very many cases must be made without this evidence, if treatment is to be of help to the sufferer. As in many cases there is no cough until the disease has become well advanced, so also is there no expectoration and consequently no tubercle bacilli can be found. It should be our aim to so perfect our physical examination that we will be able to diagnose the lesion without the evidence furnished by the sputum; and in this day it would seem, that no one conversant with the constant variation in the symptoms of the disease in different individuals should be guilty of the error of basing his advice to his patients on the theory—no bacilli—no consumption. Therefore, while the presence of the tubercle bacilli is proof positive of the disease, their absence proves nothing to the careful diagnostician. Our hesitation to pronounce a case one of tuberculosis because we cannot find the tubercle bacillus in what little sputum (often merely the scrapings of the throat



and soft palate) we can obtain, and the consequent withholdings of the proper remedial measures is responsible, in great part, for the great mortality of consumption.

When the tubercle bacilli are present the number is no indication of the extent of the lesion or the gravity of the case. Many cases in which the lesion is very small show a comparatively large number of tubercle bacilli and vice versa.

*Treatment.*—A consideration of the treatment of pulmonary tuberculosis naturally divides itself into two general parts:

1. Treatment with drugs.
2. Treatment with remedial agents other than drugs.

Drugs are of use simply in allaying the various symptoms of the disease, some of which, at times, become very troublesome. The cough may and often does demand a sedative, the digestive tract may need stimulation and medical aid in handling the extra amount of food which must be ingested. There may be a chronic constipation which must be relieved, or a wasting diarrhœa that must be checked. The occurrence of hemorrhage may need some medication; although I believe that simple rest in bed with the application of ice is sufficient in most if not all cases.

The question of whether drugs are or are not of direct benefit to the pulmonary lesion is too large a one for me to discuss within the confines of this paper. I will content myself with stating my opinion that they are of little, if of any, proven benefit. The supposed direct influence upon the lesion by such drugs as are included in the iodine and creosote groups exists, I believe, more in the mind of the physician than in the lungs of the patient.

The day for treating phthisis after the formula of a barrel of whiskey—a barrel of cod-liver oil—and a barrel of creosote is past. The whiskey is always contraindicated. Giving the patient cod-liver oil *ad libitum* and *ad nauseam* does more harm than good in the great majority of cases and whatever benefit may be derived from the administration of creosote is due, I believe, more to the stimulating action on the digestive tract, when given in small doses for a short period of time, and in allaying cough than to its action upon the lesion itself. I wish, in this connection, to mention the tuberculin treatment and in doing so wish also to condemn it. The most enthusiastic advocates of Koch's tuberculin claim only partially successful results, and these successful results occur in the early

stages, and in incipient cases, which would probably get well just the same as a result of the other treatment instituted coincidentally with the administration of the tuberculin. The rationale of this treatment is based on the fact that when a toxin is thrown into the circulation, it so stimulates the body cells that they manufacture an anti-toxin which combats the disease. Therefore, in the early stages and in incipient cases, where there is a relatively small amount of toxins circulating in the blood, tuberculin may precipitate the war by producing, through stimulation, an earlier manufacture of the cell anti-toxin—tuberculin simply makes an earlier call upon the reserved forces of the organism. In advanced cases, where there is a relatively large amount of circulating toxins in the blood, tuberculin is not only useless but dangerous. The cells are already doing all they possibly can do and a further injection of toxins, in the form of tuberculin, simply adds to the sum total of the poison in the blood and further embarrasses and weakens the struggling body cells. What is the use of trying to stimulate these cells by injecting tuberculin to manufacture anti-toxin when they cannot respond to this stimulation—when they are too feeble to produce sufficient reaction to the stimulation they are already receiving from the toxins already in the blood?

The rational treatment of tuberculosis consists not in stimulating these weakened and fagged cells to further activity; but in strengthening and building them up so that they will be capable of further activity—hence our treatment should be directed towards improving the general bodily condition and leaving the lesion and its toxins for the cells to handle as they become able.

The remedial agents other than drugs constitute the most important part of our treatment, and, for our consideration, may be divided as follows:

1. Bathing.
2. Rest.
3. An abundance of nourishing food.
4. An abundance of fresh dry air.
5. An abundance of sunlight.

1. *Bathing.*—The morning bath is a very important adjunct in the treatment. Water applied in one of the many modes, such as a spray, tub, sponge, needle baths, etc., is of distinct value. One of the best methods is to sponge the face and neck with cold water as it runs from the spigot for two minutes. Then the body from the neck down with hot water (104 to 110) for two minutes—follow this with a two-minute

sponging, with friction of the body with cold water as it runs from the spigot. A quick reaction usually follows the shock produced by the cold water. The length of time taken for this bath and the temperature of the water must of course be governed by the results in the individual patient. This form of bathing renders the patient less susceptible to sudden variations in the daily temperature, stimulates the heart and vaso motor system, renders the skin healthy and does a great deal toward increasing the vigor and sense of well-being of the patient.

2. *Rest*.—The question whether all patients should be given rest both of the body and of the lungs, or whether more or less muscular exercise and lung expanding is the proper course, seems still a moot one. Both courses have their advocates and, in my opinion, neither is right and both are wrong. There is, perhaps, no question in connection with the treatment of the disease which requires so careful a study of the individual case in order that the proper course—rest or exercise—may be successfully applied. What is "one man's meat, is another's poison" and likewise, where one case will surely die if absolute and prolonged rest is not insisted upon, others will never get a recovery unless permitted to exercise. As a case in point I would relate the history of a physician who had a form of the disease which for a time was considered and probably was, of the so-called galloping variety. When he started with the rest treatment, he had a daily variation in his temperature of over four degrees, and a cavity in his left apex that would contain a fist. He went from bad to worse, steadily losing weight; the pulmonary lesions steadily increasing. His digestion, previously excellent, became so deranged that he had difficulty in retaining very small amounts of liquids. His attending physician despairing of all hope of his recovery decided that he had but a short time to live and so informed him. The patient decided that if he was to die he would choose his own way of dying, and accordingly left the hospital and began taking exercise. He gradually began to ride horse-back—having at first to be helped into the saddle—and with this exercise began gaining in strength. Although riding many a time with his temperature registering 102, he persisted in gradually lengthening the distance. In less than a year he had gained fifty pounds, could digest large quantities of food, could ride ten miles without fatigue, and the rapid lessening of his symptoms was associated

with as rapid a clearing up of his lung lesion. This man to-day—ten years after he was given up as a hopeless case—is in the best of health and practices his profession.

This case is by no means an exceptional one and there can be no question that, had he continued with the rest treatment, he would have long since been ushered into one of the two places where it is reasonable to suppose the tubercle bacillus will finally be given its quietus.

Those cases which have a tendency towards hemorrhage and those cases in which the cavity contents are very liquid certainly should take little or no exercise; but the majority of cases, especially where as in the early stages, there is no cavity formation present or if present very slight, and in which no hemorrhagic tendency exists, are much better for exercise of both the lungs and the general muscular system always, however, stopping short of the point of fatigue.

The opinion held by many, that forced lung expansion in tuberculosis is not to be desired, is hardly compatible with sending our patients to the mountainous regions where he must of necessity increase his lung expansion. It would seem, that given the fact that fresh air is inimical to the growth and existence of the tubercle bacillus, the more air we can crowd into the diseased lung the better the chance for recovery, always providing the cure does not do more harm than the disease, by producing hemorrhage or by sucking bacilli laden mucus into remote and hitherto healthy portions of the lung.

The question of the variety or extent of the exercise is often a difficult one to decide, however, and exercise which does not produce an increase in the daily temperature variation or an increase in the pulse beat over the normal rate, may be considered to be within the limits of safety.

3. *Nourishment*.—The principle of nourishment in these cases might be roughly stated as follows:

Feed the patient to the utmost limits of his digestive ability. Beyond this limit we do harm—short of it we fail to accomplish all that is possible.

The best food for this "stuffing" of the consumptive consists of eggs eaten raw and milk. From one to two dozen raw eggs and from two to six quarts of milk may be given during the twenty-four hours, with in addition one solid meal of plain nourishing food from which sweets and pastries are excluded.

When this plan is adhered to, it is often surprising what a large quantity can be taken without discomfort. As the patient convalesces, or when he attains the so-called "clinical cure" he may be weaned from his eggs and milk and given the usual food stuffs in the usual amounts. Whenever, however, forcing of food becomes necessary, eggs and milk should be the diet; as an attempt to over-eat of solid food will defeat the object desired by producing severe and obstinate digestive disturbances.

4 & 5.—*Sunlight and Fresh Air.*—The value of sunlight and an abundance of fresh air is too well recognized to need any comment, but I am at a loss to understand the propriety of the "stay at home and get well" advice of which we hear so much these days. If sunlight and fresh air in general are good, more of them are better; and these two things may surely be mentioned among the few good things of which the consumptive cannot get too much. It would therefore seem, that if these two factors are so very important in bringing about a recovery, the place which affords the greatest amount of sunshine and the purest air would be the place of choice. The large cities like Philadelphia, New York, etc., certainly do not have so large a proportion of sunshine or so pure an air as can be found in the southwest.

For those patients who cannot afford to leave their homes and business we must do the best we can, but the "stay at home" advice is not confined to this class entirely. The city which, in my opinion, comes the nearest to being the ideal place for the consumptive is Silver City, New Mexico, or its vicinity. It is here that the government has established its sanatorium for the treatment of the disease, and it is here that the patient can spend the entire twenty-four hours in the open air with little or no discomfort. During the greater part of most years it is a land of perpetual sunshine and its position among the mountains frees it from the excessive cold of winter, and the excessive heat of summer.

It has often been said that patients who recover in the West should not attempt to take up their life again in their former homes. This I believe to be wrong. After a so-called "clinical cure" has been attained, or when an arrested condition of the disease has been established, the patient can live in one place as well as another, if proper care is taken. It is not so much where he lives as how he lives. If the patient returns to the same mode of living

with the same habits and environment, he will very likely suffer a return of the trouble, but if he follows up the same hygienic precautions necessary for the accomplishing of the "clinical cure" or arrested condition, a recurrence will not follow in the large majority of cases.

In closing this paper I would emphasize the fact that, by my manner of dealing with the diagnosis, I do not wish to underrate the importance of the physical examination. On the contrary I consider it of the very first importance when made early. My intention is rather to emphasize the importance of some of the very early signs or hints, which the disease gives of its presence, the recognition of which will often save us from the error of putting off the examination until too late.

#### DISCUSSION OF TUBERCULOSIS SYMPOSIUM.

**Dr. Simon Baruch, of New York.**—The key to climato-therapy is the constant exposure of the patient to pure and dry air; this is the key to successful therapy just as cleanliness is the key to successful healing of wounds. I have no criticism to offer except regarding the application of baths. The gentleman who read the first paper, as well as the one who read the last, neglected to give definite directions as to the method of bathing in tuberculosis. When one tells a patient to use the cold bath, water as it runs from the cold spigot is meant. In Africa such water is probably warm, perhaps even warmer than the skin, while in New York it would be colder in winter than in summer. Therefore, it is important to state the exact temperature that is required for the water in giving these baths. About 90° F. is the best to begin with and this temperature should be reduced every day by 1° F. and the length of the bath, with the diminution of the temperature, should be lessened every day so long as the patient reacts properly to the coldest water. By this gradual inuring of the patient, shock is avoided and reaction to which enhancement of hæmatosis is attributable, is promoted.

**Dr. Theodore W. Corwin, of Newark.**—I should like to hear discussed the value of fat as an element of food in tuberculosis, as well as the value of fat given in excess of the ordinary needs of the system in the treatment of this disease.

**Dr. S. A. Knopf, of New York. (closing).**—I regret that my good friend, Dr. Hance, has left the hall for I intended to take him to task for using the word "Sanitorium." Since he is gone I must be mild in my criticisms for it is not nice to attack any one who has no chance to defend himself. To the best of my knowledge there exists no such word as sanitorium in any language. When speaking of an institution for the treatment and care of consumptives I prefer the word sanatorium to sanitarium for the following reasons. Brehmer, the founder of the first institution of that kind, called it "Heilanstalt," which means a healing institution; and the word "sanatorium", from the Latin *sanare*, to heal, gives



certainly a better equivalent to the German word than the word "sanitarium". This latter word is derived from the Latin *sanitas*, health, and is usually employed in this country to designate a place considered as especially healthful, a favorite resort for convalescent patients, or an institution for the treatment of mental or nervous diseases.

Concerning exercise in tuberculosis, I think the thermometer is the only reliable guide. The rectal temperature taken before and after exercise will tell us whether the rise is physiological or pathological. If a half hour's exercise does not cause a pathological rise of temperature we may allow the patient to exercise a little more next time; but if there should be a rise it is an indication for less exercise or absolute rest, according to the degree of elevation of temperature. Another maxim I always adhere to is, never to allow exercise when the patient is tired, nor to the extent of getting tired. This maxim applies not only to walking but to breathing exercises as well. I am strongly in favor of breathing exercises as a valuable adjuvant in aërotherapy in tuberculosis, providing they are taught and supervised by the physician.

Close to the skin I recommend linen mesh underwear. It dries quickly when the patient has perspired. In exceedingly cold weather the patient may wear an additional Balbriggan shirt over the linen.

As to creosote, permit me to say that I do not consider it a specific nor of any special value in large doses. I firmly believe that creosote has ruined more stomachs than any other product of our materia medica.

Etiologically speaking, we must consider pulmonary tuberculosis a house disease *par excellence*. When I visited Sing Sing recently and the Ohio State Prison I was inclined to call it an institution disease. I undertook to determine the tuberculosis situation there and found it to be the most prevalent disease among the prisoners. In some of the American and European prisons the mortality from tuberculosis among the inmates is as high as 50 per cent.

I wish to congratulate the Medical Society of New Jersey on its present meeting and on the valuable instruction afforded to us all by the scientific papers presented. All have been exceedingly interesting and instructive. I, for one, know that I have learned much to-day and should be glad to come again to learn more.

I wish to congratulate Dr. Senseman on his paper on climate, though I do not entirely agree with him. I think the climate of New Jersey is as good as any climate and that you can cure nearly as many patients in this climate as you can in Silver City. One should not forget that those patients who want to be cured in the New Jersey State Sanatorium are those who cannot be sent to Silver City. These are the laboring people who will have to be treated and cured in the same, or nearly the same, climate in which they must live and labor after their restoration to health. It is true it may take at times a little longer to cure these people in their home climate; but when they are cured their cures are very apt to last longer than those obtained in more congenial climes.

In conclusion, permit me to thank you most sincerely for the kind and cordial reception you have given to me.

## Correspondence.

*To the Editor, Journal of Medical Society of New Jersey:*

MY DEAR DOCTOR:—I find that I failed to officially call your attention to a resolution which was unanimously adopted at the last meeting of the House of Delegates of the American Medical Association. The resolution referred to, was introduced by Dr. E. Eliot Harris, of New York City, and is as follows:

"Resolved, That the committees on publication of the journals of medicine, published by the State medical associations affiliated with this body, be asked to assist the Board of Trustees in their efforts to suppress the advertisement of medical nostrums and to co-operate in the work of securing pure food and pure drug laws in the United States."

Respectfully yours,

GEORGE H. SIMMONS,  
General Secretary.

*To the Editor of the Journal:*

Sir:—The important question of dividing the Medical Society of New Jersey into sections having come up, I should like to express my opinion upon it. I am not in favor of such division for the following reasons:

1st. Our State Society is composed very largely of general practitioners, the specialists being few in number as compared to those whose practice covers the whole field of medicine. This would naturally result in the section of general medicine being very large and those on the specialties very small, which is not a desirable condition.

2nd. As general practitioners, we have to cover, to some extent at least, the entire field of medicine and so we are interested in all the specialties and, I may say, need the instruction which we obtain from the papers upon special subjects. This we could not get if the society were divided into sections; as we could not be in attendance upon two or more sections at the same time. This education would also result in gain for the specialists themselves, as the more the general practitioner is educated to make correct diagnoses, in cases requiring special treatment, the sooner he will send the patient to the one who can give him the proper treatment.

3rd. The success of such division in the American Medical Association is no criterion for our society, being, as it is, less than one-tenth the size of the National body. In the larger society division is imperative on account of its unwieldy size as well as because it is largely the specialists who attend its meetings; but in a society of the size of ours, with the attendance made up largely of general practitioners, the division into sections would be disastrous.

Very sincerely yours,

GEORGE EVANS READING.

ORANGE, N. J., OCT. 20, 1905.

*To the Editor of the Journal:*

MY DEAR DOCTOR—In a recent number of the JOURNAL, one of the officers of the State Society suggested the idea of dividing the society into sections, so as to give opportunity for more scientific work.

If I may offer my humble opinion, what we need is not more papers nor the opportunity to read or hear more, but more "intense" papers, in the sense of the word as applied to agriculture—large crops from a small area.

A fifteen minute paper is a delight and a tonic. A thirty minute paper is dreary to the last degree and a hypnotic. Fortunately the back doors are accessible, and apparently the etiquette of a medical meeting does not require one to remain in his seat until the paper is finished.

This last condition of affairs is as it should not be, and is one reason why our meetings are often uninteresting. There is not enough care taken to ensure quiet and attention to the reader. Some zealous committeeman will be talking to the presiding officer in audible whispers, the hotel employees will be shifting furniture or noisily using the room as a passageway, and the audience on the edge of things, unable to hear the reader, will walk around and talk.

At the present time, most of our members are general practitioners, interested in every kind of medical topic; even the papers of specialists treat of diseases and their management concerning which we all have need to know something.

To my mind a snappy enforcement of the twenty minute rule will be of greater benefit than more papers. I hope that no division into sections will take place until we are compelled to it by a larger attendance.

Yours respectfully,  
THOS. W. HARVEY.

RED BANK, N. J., Oct. 19, 1905.

*To the Editor of the Journal:*

Sir.—In the matter of the division of the State Society's sessions into sections, although much may be said on both sides of the question, the weight of argument appears to be against the proposed plan. If a paper, which is to be read before a representative body, such as the New Jersey State Medical Society, is prepared with the thoroughness that the importance of the occasion demands, it presupposes not a little research, and the expenditure of considerable time and attention. Such a paper being completed, the man who has put into it something near the best that is in him, should, in justice, be supplied with an audience. Should the sessions be split up into sections, and assuming that the members only attend the sections in which they are personally interested, the tendency would be for a division of audiences, with a consequent injustice to the essayists.

Suppose a member *should* listen to a few papers outside of the realm that he chooses to term his line of work. The presumption is that no serious harm would result. The easiest way to pick up information is through the reading of a good paper, and some would never see beyond their own line of demarcation by any other agency.

Specialism is so much the tendency of the age, that the interdependence of the different lines of work is often lost to view. An eye man could well afford to hear a thoroughly digested paper on arterio-sclerosis, and a general practitioner could, with profit, listen to something on mastoiditis. It is no special evidence of genius for a man to say, for example, "I don't know anything about lungs; my line is abdominal surgery."

Very truly yours,  
W. B. WARNER.

*To the Editor of the Journal:*

Sir.—Dr. Chamber's letter, and your able editorial in the August number of the *Journal*, on the question of dividing the State Society into

sections has not yet brought out the discussion for which I hoped.

The main question is the crowding of the programme. At the last meeting many members left each session before the completion of the programme; the last two papers in each session being read to small and rapidly diminishing audiences, and there was practically no extemporaneous discussion of these papers. At the Tuesday evening session, allowing it to have been two and one-half hours long, there were less than forty minutes allowed for the reading and discussion of each of the four papers, two of them being annual addresses, and one an annual oration. On Wednesday morning the average time allowed each paper was thirty minutes. On Wednesday afternoon, with nine important papers, the average allowance of time was seventeen minutes, and so on.

This is certainly absurd. A good paper on an important topic cannot be properly read in much less than thirty minutes, and some subjects are worth an hour. And there should be at least thirty minutes allowed for discussion. The discussion is sometimes of more value to the audience than the original paper, and should be encouraged, not crowded out by the pressure of a too full programme.

The division of the society into medical and surgical sections would not, in my opinion, help matters at all. The attendance at our meetings is not large, not so large in fact as the attendance at the annual meetings of some of the component societies, and to divide it would mean a very small audience for either section.

There are few men in New Jersey who practice surgery exclusively, nearly all of our surgeons being equally interested in general medicine. To divide the society into two sections might divide it into two factions and give rise to unpleasant situations. Our aim should be to unify, not the society only, but the entire profession. The artificial line of demarcation between medicine and surgery is already being too sharply drawn.

Allow me, Mr. Editor, respectfully to make the following suggestions:

I. Have the hour of closing of each session, as well as the hour of opening, printed on the programme.

II. Allow plenty of time between sessions for food and recreation, a walk and a smoke.

III. Allow one hour for the reading and discussion of each important paper.

IV. Have all the papers on such surgical topics as interest surgeons only grouped together at either the beginning or near the end of the meeting.

V. Have those papers of interest to expert specialists only, similarly grouped.

VI. If the number and value of the offered papers warrant it, have the meeting cover four days instead of three.

Very truly yours,  
D. E. ENGLISH.

When applying a plaster dressing to the leg always include the foot if the patient is to be confined to bed; otherwise "drop foot" will develop.

In dealing with infections or injuries of the fingers amputation should be a *dernier resort*. This is especially the case with a thumb, the most important of all the fingers.

# THE JOURNAL

OF THE

## Medical Society of New Jersey.

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**NOVEMBER, 1905.**


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*Each member of the State Society is entitled to receive a copy of the JOURNAL every month.*

*Any one failing to get the paper promptly will confer a favor upon the Publication Committee by notifying them of the fact.*

*All communications relating to the JOURNAL should be addressed to the Committee on Publication, 794 Broad street, Newark, N. J.*

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### OUR POSITION.

We call attention to a letter from Dr. Simmons, general secretary of the American Medical Association, printed in our correspondence column.

No one who has read the editorial columns of this paper can doubt our attitude on these important questions.

Medical journalism in this country has been and still is tainted with the all-pervading spirit of commercialism, which the enormous increase in wealth and the great strides in the development of our country have engendered. It is a phase of our National development. So far as medical journalism is concerned, its present evil course in the matter of advertisements is largely due to the fact that the pace has been set by privately owned and privately conducted journals, which have been founded and are controlled by the great publishing houses, primarily to make money for their owners and to advertise their publications. They have made the real interests of the profession and the true welfare of the sick and feeble secondary to private ends.

It is perhaps not surprising that the State journals have endeavored to lighten the expenses of publication by accepting advertisements of proprietary medicines, the formulæ of which are not specified and the effects of which may be injurious or questionable, and have not felt strong enough to

refuse this ready and easy means of adding to their incomes.

Now in great part through the fearless and unselfish course of the editor and publication committee of the *California State Journal*, a better day is dawning. The trustees and the editor of the great Journal of the American Medical Association have adopted, after mature deliberation, a perfectly fair method of dealing with this question.

This movement, as well as the efforts to secure legislation ensuring the purity of all foods and drugs, should receive the sincere and unremitting support of every member of the medical profession.

WILLIAM J. CHANDLER,

DAVID C. ENGLISH,

CHARLES J. KIPP,

*Publication Committee.*

RICHARD COLE NEWTON, *Editor.*

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### THE OSTEOPATHS AGAIN.

Whatever may be alleged in reference to the disciples of Dr. Still no one has as yet accused them of bashfulness.

On the principle that the early bird catches the worm, these gentlemen seem in a fair way to achieve something; albeit it may be only notoriety.

The president of their State society at a recent gathering made some rather startling statements which seem to us disingenuous and misleading.

According to the *Trenton Times* he reminded the homocopaths that they had suffered persecution at the hands of the regular profession in days gone by and now had united with their erstwhile tormentors "to throttle osteopathy." There was also something said about "a good salesman not running down another man's wares." The society announced their intention of securing legislation next winter to control osteopathy in New Jersey "independent of the other two schools of medicine," and declared that they "ask for no privilege that is not accorded to other practitioners, but only for just recognition and the authority to regulate and elevate our profession by high pre-



liminary requirements, strict examination and rigid rules of professional conduct." The *Trenton Times* sententiously adds, "That is only a fair demand."

If the above assumptions and innuendoes were a true statement of the situation we should probably second the conclusion of the newspaper just quoted. But when a moment's reflection shows that these statements, either by implication or direct misstatement, traverse or conceal the truth, it would appear that the editor's conclusion is too hasty.

In the first place it is not true as implied that there has ever been any discrimination against homoeopaths by our State examining board and no practitioner of that school has, so far as we know, ever so alleged. On the contrary the utmost harmony and good feeling prevail between the members of our composite board and no unfairness or discrimination in the treatment of candidates for license has ever been hinted at.

In the second place it is not denied that manipulative therapeutics may be and often are valuable and, in some cases, may be the only efficient means of treating a diseased condition. (See Dr. Shelton's article and the editorial notice on page 249, Vol. I of this Journal.) Nor is there any objection to any qualified physician who has complied with the plain requirements of the law, practicing osteopathy or hydrotherapy or electro-therapeutics as a specialty in this State.

Third. The objection is not to osteopaths as such, but to anyone practicing in this State who has not complied with the law and passed the legally prescribed examination before the State Board.

On the other hand the so-called osteopaths are claiming a decidedly unfair advantage by endeavoring to evade the requirements which the law imposes upon all other applicants for license in this State. They are attempting to get into an honorable profession by the back door, as it were, without an adequate and reasonable preparation, and assert in effect that the law should

make flesh of one and fish of another. They wish to arrange matters so that while a physician shall be obliged to spend four years in hard professional study, after having obtained at least a high school diploma or its equivalent before he can be examined for license in New Jersey; they may enjoy the same privilege with less than half this preparation.

The claim is preposterous. Last year also, in the proposed law, they tried to make it illegal for a general practitioner to use manipulative treatment. Denying him a privilege which he has exercised from time immemorial. This looks like a large African in the woodpile.

The allusion to the bad policy of "salesmen" decrying each other's wares throws so strong a side light on the position of these claimants that we cannot pass it without comment. They have certain wares to sell for which they make certain claims, and they make the insulting proposition to certain regularly qualified practitioners of medicine to keep their hands off and allow the public to be exploited in return, it may be presumed, for similar favors. This proposition is degrading to any professional man but is what we should expect from nostrum vendors and charlatans, from men who are incapable of appreciating what is meant by professional honor.

Our homoeopathic confrères are not to be caught by chaff of this sort. They have no wares to sell and would scorn the insinuation that they would demean themselves by a commercial alliance with anyone.

It hardly seems necessary to pursue the subject further. Our legislators can easily see which party to the controversy is unfair and over-reaching. We only ask for a proper respect for a beneficent law, for a fair field and for no favored class. Let the gentlemen who wish to be known as osteopaths, but at the same time practice medicine, pass the same examination as all other candidates and not seek to lower the safeguards which have been wisely placed about the people's health.

*Salus populi suprema lex.*

### TUBERCULOSIS.

We take pleasure in presenting to our readers in this issue four excellent papers on this subject.

The assertion in Dr. Harvey's paper that the Anglo-Saxon race is gradually becoming immune to this disease and that the decreasing death rate from it is more due to this fact than to the good results of improved sanitation is in all probability true. His farther assertion that no effort toward better sanitary measures must be spared, is equally true.

The promise of the announcement of a protective and perhaps a curative measure against the disease by that great benefactor of his race, von Behring, can not fail to interest the entire thinking world.

No specific treatment will, however, obliterate the tendency to the disease, although it may arrest its progress even after its full development. The summum bonum to be striven for is the proper development of the body so that it shall not afford a favorable soil for the growth of the infecting germ.

Nevertheless the treatment of the disease is an immediate problem which confronts the general practitioner and, therefore, the excellent practical papers which we print upon the subject can not fail to be a real help to our readers.

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### THE ADVANTAGES OF SYMPOSIA.

If any of the members of the State Society doubt the value of treating important subjects by means of symposia at the annual meetings, the excellent result of the work of the scientific committee in providing the symposium on tuberculosis ought to convince them of their error.

No matter how comprehensive a single paper may be, an audience can never get the same grasp of a subject when treated by a single author that they can get when several writers exploit it. The different points of view from which several authors approach a subject, their different methods of expressing themselves, and the especial emphasis which each one will lay upon the

points most familiar to him, render the symposial method especially valuable and interesting.

By all means let us have two or more symposia at each annual meeting.

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### MEDICAL INSPECTION OF YOUNG CRIMINALS.

At the recent session of the International Prison Congress, held in Budapest, as reported in the *Outlook*, "there was a warm expression of the need of having all children, who are brought before the courts, carefully observed and studied by medical men *trained to know the action of the mind* (italics ours) as well as the functions of the body."

Here is another evidence of a truth to which we have previously called attention, viz: that we, of the so-called better classes, are habitually more thoughtful in the care of criminal and dependent children than we are in that of our own. We have passed stringent factory laws prescribing the ages under which it shall be unlawful for children to work and have appointed inspectors to enforce these laws. Although we have in New Jersey a law specifying the minimum age at which children may attend school, there are no means provided to ensure its enforcement. To our knowledge this beneficent law has been disregarded. There is perhaps as much temptation to thoughtless people to send very young children to school, for the sake of getting them out of the way, as there is to others to send them to work in factories; and inasmuch as the school money in this State is distributed from the state treasury according to the hours of attendance as well as the number of scholars, the teachers have every inducement to get pupils into the school too young, in defiance of the law, and to keep them there too many hours, to the detriment of their health.

We see no remedy for this growing evil except the appointment of medical inspectors with full powers to ensure the enforcement of the existing law, and to prevent the attendance at school of those children that are physically or mentally unfit

## THE NECESSITY FOR A THOROUGH STUDY OF ALL CHILDREN.

While there can be no question of the value of the study of criminal children by physicians "trained to know the action of the mind as well as the functions of the body" such study ought to be made of every school child. The partial studies made in the New York City schools, for example, reveal the fact that fully one tenth of the scholars are mentally, morally or physically defective and need special treatment for their health as well as special arrangements for their education. The present system works great injustice to these defectives inasmuch as their school life may be, and often is, a positive and perhaps a life-long detriment to them. Having perhaps crushed and blighted their feeble and ill-developed mental powers as well as permanently injured their health.

This is a sad view to take of our vaunted public school system. We will, however, defy any observing physician to dispute it. If such a body as the International Prison Congress so clearly apprehend the need of the study of criminal children by properly qualified medical men, it seems to us that any reasonable body of educators should appreciate the same need with regard to all pupils in our public schools.

Proper medical inspection of schools and a thorough study of the individual scholar is not so far off as some imagine. The medical profession as a whole must arouse from their lethargy and public opinion must be educated before this enormously valuable advance will be made.

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## THE NEW HOSPITAL LAW.

We learn from the *Newark Evening News* that the Common Council of Plainfield declined a petition from the Muhlenberg Hospital that the citizens of that town be allowed to vote on the question whether or not a tax of one-third of a mill upon every dollar of the rateables of the town should be imposed for the support of the hospital.

A law was passed by the Legislature of 1904 allowing communities to tax them-

selves at this rate for the support of hospitals. This law is almost precisely similar to the State Library law which has proved to be so beneficial in its action. No doubt many hospitals in our State will take advantage of this means of adding to their income. The increase in the tax budget being so small that it will prove a burden to no one and the help to struggling hospitals being so great and so timely.

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## AN IMPORTANT CONFERENCE.

We print in another column a synopsis of the proceedings of the first meeting of the superintendents of the various State charitable and reformatory institutions, under the recent law establishing the office of Commissioner of Charities and Corrections. We feel that this is a movement calculated to materially improve the management of these institutions and the care of their inmates.

Criminology and penology are as important studies as psychiatry and pedagogy.

We regret, therefore, that a committee from the State Medical Society was not present at this important conference, and would respectfully urge that our trustees open negotiations at once with the Governor and Commissioner Wight looking toward the establishment of a committee from our society to sit in these conferences and take part in the proceedings and report in full upon them to the next annual meeting of the society. It is not meant that such committee should have any authoritative part in the deliberations; but should be present partly as a matter of courtesy and partly in order that the State Society should be fully informed, at first hand, of all the proceedings of the conference and of all the improvements proposed for the care and instruction of the inmates of these institutions.

We believe that this suggestion is reasonable and will be welcomed by the Commissioner as an aid and encouragement to himself and the superintendents and physicians connected with the various establishments represented.

We congratulate him upon the auspicious



beginning he has made and agree with his Excellency, the Governor, that the result is so far very satisfying.

#### THE STATE BOARD OF MEDICAL EXAMINERS.

Have achieved another triumph which gives them a still further claim upon the interest and good-will of all those who wish to see the profession of medicine in this State raised to the rank in the body politic which it ought to hold and which it will hold, when every legally qualified practitioner is a thoroughly educated man.

At a conference between the New Jersey Board and the Board of Regents of the University of the State of New York, held in Trenton on the 16th ultimo, the latter body decided that after January 1, 1906, they would endorse the medical license granted by the former.

Let us see what this means. It means that the examination by our Board is recognized by the Board of Regents as equivalent to that of the New York Boards'.

It means that the New Jersey Board is the only one in the United States whose license to practice the Regents now recognize.

It means that the New Jersey Board now endorse the licenses of twelve other States, and have declined to recognize those of several States whose standard is lower than ours.

It means that there will no longer be any excuse for specialists or other physicians from New York State practicing in this State without a license from our Board and, conversely, any New Jersey doctor who has received a license from our Board may have it endorsed by the Regents and practice in New York State.

It means also a great increase in the prestige and influence of our Board, of which we should all be proud, and which it is our duty and our interest to further to the extent of our ability.

The dilettante is abroad in the land, the man who is always venturing upon tasks for which he is imperfectly equipped, a habit of mind fostered by the multiplicity of subjects in the curriculum of the schools and colleges, in which many things are studied and few are studied thoroughly.—*Osler*.

#### A MEDICAL LIBRARY IN NEWARK.

Through the perseverance of Dr. Pinneo, the long talked of Medical Library in Newark will soon be an accomplished fact.

Whether it shall be the property of the Essex County Medical Society depends upon what action the society shall take in regard to it.

There is no need to comment upon the crying necessity for such a library in the metropolis of our State. We hope to live to see it in the possession of the county society, just as our hope to see it housed in a building owned by the society. Such a consummation would make Newark the medical center of New Jersey as it is now the commercial center.

Because it has been impracticable to see all the practitioners in the county personally, we take this means of urging each one to subscribe the moderate sum asked for and to be present at the meeting in the Free Public Library in Newark on November 14th. The project is bound to succeed. Let us make it unanimous.

Subscriptions may be sent to Dr. Frank W. Pinneo, 199 Garside street, Newark, who will acknowledge them and will furnish any information desired in regard to the movement.

*The committee on scientific work desire good papers for the next annual meeting. Members intending to contribute will please send their titles to the committee as soon as possible. All papers should be type-written and must not take over fifteen minutes in reading. Address, Talbot R. Chamber, M. D., Commercial Trust Building, Jersey City, Chairman Scientific Committee.*

#### MARRIAGES.

**Lancelot Ely, M. D.,** Flanders, N. J. to Miss Alice Louise Lawrence, of Dover, N. J., October 10.

**John Alexander Robinson, M. D.,** New York City, to Miss Grace A. Bergfels, of Newark, N. J., October 12.

**Irvine F. P. Turner, M. D.,** to Miss Olive Josephine Agnew, both of Titusville, N. J., October 25.

#### Obituary.

**Anna C. Rees, M. D.,** died at her home in Union Hill, October 25. She was 29 years old, and a graduate of the Woman's Medical College of the New York Infirmary in 1898.

### OBITUARY.

**George W. McCallion, M. D.**, died in the Alexian Brothers Hospital, Elizabeth, of acute Bright's disease, September 28th. He was thirty-two years of age and graduated at the College of Physicians and Surgeons in Baltimore in 1896. He was one of the City Physicians of Elizabeth and a member of the Union County Medical Society. He was also a member of the visiting staff of the Alexian Brothers Hospital. He was unmarried.

## State Society Notes.

### PRIZE ESSAY.

This prize was instituted by the Medical Society of New Jersey at the annual meeting in 1905, and is open for competition to the members of the Component (County) Medical Societies.

The subject chosen is "The Symptoms, Etiology, Pathology and Treatment of Pneumonia."

The essays must be signed with an assumed name and have a motto, both of which shall be enclosed in a sealed envelope containing the author's name, residence and component society.

The essay shall contain not more than 4,000 words, and must be characterized by originality in investigation and thought, and by clearness and conciseness of expression, and be, in the judgment of the committee, of decided value to the members of this society, and to the profession generally. Failing in these respects, no award will be made.

The essays, which should be type-written, with the sealed envelope, must be placed in the hands of the committee on or before the first day of May, 1906.

The committee will select the first two essays in order of merit. To the first will be awarded the prize of one hundred dollars, to the second that of honorary mention.

The unsuccessful authors will receive back their essays upon their identification to the chairman of the committee. The successful essay will be the property of the society and be published in its transactions.

CHARLES J. KIPP, Newark, *Chairman*.

WALTER B. JOHNSON, Paterson.

DAVID C. ENGLISH, New Brunswick.

*Committee.*

### A MEETING OF THE SUPERINTENDENTS OF STATE INSTITUTIONS.

The superintendents of the Charitable and Criminal Institutions of New Jersey, met in Trenton, on October 12th, at the call of the State Commissioner of Charities and Corrections, Mr. Wight. This was the first conference of these officials under the new law. Various questions relating to the management of the institutions and the care of their inmates were discussed and the suggestions made are of general interest.

Mrs. Mansell, of the State Home for Girls, made a plea for the housing of these charges in small cottages instead of large dormitories.

Dr. Evans, of the Morris Plains Insane Hospital, seconded Mrs. Mansell's argument. He also made the important suggestion that all the State institutions should have separate wards for tuberculosis patients, and also separate buildings for the care of epileptics when these cases become violent. If this were done at the state village for epileptics, a number of epileptics now in the insane hospitals, might be sent to the village, thus relieving the hospitals. He recommended the provision of proper entertainments as a part of the treatment of the inmates of the various institutions.

He especially insisted that the State should be actively represented in the governing board of every county institution receiving funds from the state treasury.

Superintendent Curry, of the Camden County Asylum, commented upon the State Village of Epileptics, saying that this would never have been founded had it not been promised that it would be self-supporting and would relieve other state institutions. These representations had not been fulfilled.

Prof. Johnstone spoke in regard to the Training School for the Feeble-Minded, at Vineland. This is a private corporation, the State paying an average of \$230 per annum for each inmate. There is room in the school for more children; but until the present year, the Legislature had not appropriated the money to support enough children to fill it.

Superintendent Weeks, of the Epileptic Village, stated that they had suffered from an insufficient appropriation. He outlined the work of the institution and disputed the statement that they had not relieved other institutions, stating that they received twenty-seven patients from the Insane Hospital at Trenton. Their policy had been rather to receive epileptics from the State at large, who were not getting proper care, than to take those already in institutions.

Capt. Curry insisted that these patients are a nuisance to the other inmates of an institution and should all be cared for in the village.

Just before adjournment, Governor Stokes entered the meeting and, upon hearing what had been done, expressed himself as much gratified at the good result of the conference. Commissioner Wight was given authority to appoint the necessary committees to arrange for the next conference.

## Hospital Notes.

The doctors and nurses in the North Hudson Hospital have been accused of too great familiarity with each other in the wards, in the presence of the patients.

**Agree Not to Accept Contract Work.**—"Every physician in Trenton has signed an agreement not to accept contract lodge work in any form," says the August number of the *Pennsylvania Medical Journal*.

The Monmouth Memorial Hospital received a check last month for \$500 from Mrs. Harvey E. Fisk. Mrs. Fisk will also endow a bed.

A subscription dance will be held on November 17th in Trenton for the benefit of Mercer Hospital.

Senator Proctor, of Vermont, has agreed to build a sanatorium for incipient cases of tuberculosis at a cost of \$50,000 and will endow it with a further contribution of \$100,000.

New York City is to have a \$2,000,000 sanitarium on Staten Island for incipient cases of tuberculosis. It will accommodate 800 patients and be under the control of the Department of Charities and Corrections.

In London and Liverpool the open air treatment of young children has been instituted with unexpected success. Pneumonia, typhoid fever, summer diarrhoea and other acute diseases are so treated with the most beneficial results. Cases of heart disease, which did not do well until they were removed from the noise and bustle of the street, have done remarkably well since they were placed in the open air in a quiet place. At Cheshire a permanent hospital of 200 beds is to be erected.—*Journal A. M. A.*

Dr. Evans, of the Morris Plains Hospital, urges that a committee of five be appointed to revise and codify all the laws of the state of New Jersey, relating to the care and treatment of the poor insane, habitual drunkards and other incompetents.

State Commissioner of Charities and Corrections George B. Wight, accompanied by the Assistant Commissioner, George E. Poole, has been engaged in a tour of inspection of the penal and charitable institutions of the state with a view of gathering data to lay before the next Legislature.

The last of the Paterson Isolation Hospital bonds were paid October 12th. The original issue was for \$25,000.

A man died in Grace Hospital, Chicago, recently while the surgeons were preparing to operate upon him. He is supposed to have been simply frightened to death.

## News from the Counties.

### ESSEX COUNTY.

The first bi-monthly scientific meeting of the year '05-'06 was held October 3 in the hall of the Free Public Library in Newark.

Dr. Disbrow, the president, presided. Dr. Lee Maidment Hurd, of New York, read the paper, entitled "A Submucous Operation for Deviated Nasal Septa." He described his method of operating, the essential feature of which is the preservation of the mucous membrane. Several new and ingenious instruments were shown, which added greatly to the interest of the subject.

The next meeting will be held in the same place on the first Tuesday in December.

### A MEDICAL LIBRARY FOR ESSEX COUNTY.

This long-deferred project has taken active shape and the library will be established. A meeting for organization will be held in the

Newark Free Public Library on Tuesday, November 14, at 8.15 P. M., and an invitation is hereby extended to all those interested to be present and assist in the movement.

Individual subscriptions of \$3 each are being made "to establish a Medical Library, the funds so contributed to be used to purchase books, and to organize a Medical Library Association, supplementing any provisions which the trustees of the Newark Free Public Library make for the same purpose."

The plan is to have the coöperation of the trustees and librarian of the Free Public Library, who will provide the room, attendance, etc., and to have the current journals and best reference works conveniently placed for the free use of all the qualified physicians of the county.

The plan has met with prompt and very wide favor—beyond all expectations—there being 115 subscribers already, from Newark and other localities, including the Oranges, Montclair, Bloomfield and Belleville.

### SALEM COUNTY.

The county society held their regular meeting at the Shafer House in Salem November 1. Acting Ass't. Surg. F. H. Sparrenberger, U. S. A., of Fort Mott, read a paper, entitled "A Slight Acquaintance with Asiatic Cholera in the Philippine Islands."

WASHINGTON, N. J., OCT. 17, 1905.

To the Editor of the Journal:

Sir:—I believe it would be of interest to the members of our New Jersey State Society to know that the physicians of the counties of Warren, Sussex and Morris united seven years ago to form the Tri-County Medical Association. We make it a point to get together once a year. Every member of any of the three county societies is eligible to membership in the Tri-County Society. We usually have a very good attendance at our meetings, and beside having two local papers, have always been fortunate in securing a paper or address from some good man who is a specialist in his line of work. The association has been honored by having papers read before it by Drs. W. Gilman Thompson and William H. Thompson, J. E. Winters and L. Emmett Holt, of New York City; and P. A. Harris and Edward J. Ill, of this state; all of whom have been elected honorary members of the association.

The meeting this year was held Tuesday, October 10th, at Hackettstown. The officers elected at this meeting are: President, Dr. H. D. Van Gaasbeek, of Sussex; Vice-Presidents, Drs. Alfred A. Lewis, of Morristown, and A. C. Van Sickle, of Hackettstown; Treasurer, Dr. F. W. Flagg, of Rockaway; and Secretary, Dr. C. B. Smith, of Washington.

It was suggested by some of our members that the editor of our State Journal be informed regarding our meetings, which I gladly do. The paper read this year by Dr. Egbert LeFevre, of New York City, was a very complete one, indeed, and one which would be of interest to every member of our State Society if you could secure the publication of it in our *Journal*.

With kindest wishes, I am

Fraternally yours,  
CHAS. B. SMITH,

Secretary.

Pure olive oil has a most favorable influence upon hyperchlorhydria.



**The Practitioners' Society of Eastern Monmouth** held their regular monthly meeting, the first of the season of 1905 and 1906, at Red Bank, Thursday evening, October 12th. The following officers were elected for the ensuing year: President, Dr. D. D. Hendrickson, Middletown; Vice-President, Dr. H. E. Shaw, Long Branch; Treasurer, Dr. W. K. Campbell, Long Branch; Secretary, Dr. W. B. Warner, Red Bank. Dr. James Gray Ward, of New York, an honorary member, was present. Dr. S. J. Woolley, of Long Branch, the retiring president, read an able paper on "Diphtheria."

The society was organized in July, 1901, and has steadily grown in membership and influence. The meetings are held on the second Thursday evening of each month, in Long Branch and Red Bank alternately. The membership is from the eastern or shore section of Monmouth County, and embraces the towns and villages along the railroad and trolley lines from Asbury Park to Keyport.

It is estimated that there are now between 2,000 and 3,000 pupils in the Newark public schools who have never been vaccinated. A rigid inspection by the officers of the Board of Health is now being made to determine the exact number.

**Sanitary Milk Plant for Camden.**—Stimulated by the results achieved by sanitary milk plants in the neighboring cities, the city of Camden started a movement to establish a similar plant in that city. The subject was first considered by the Camden City Medical Society. The public records of Camden show that the death rate of children under five years of age during the past twelve months exceeded 36 per cent. of the whole number born during the same period. The bacteriologic examinations of the Camden milk supply show that a large number of the deaths are among children, due to milk contamination. A company has been organized with medical men at its head. The officers are as follows: President, Dr. Alexander McAlister; vice-president, Dr. A. Haines Lippincott; secretary, Dr. Howard F. Palm; treasurer, M. F. Ivins; counsel, Thomas P. Hurley; chemist, Paul H. Langner, and veterinary inspector, Dr. J. O. George.

The Orange Mountain Medical Society was entertained by Dr. F. J. E. Tetreault in the rooms of the William Pierson Medical Library Association on October 20th. Dr. Clarence A. McWilliams, of New York, read a paper on "Practice of the Presbyterian Hospital in Treatment of Movable Kidneys, Tumors of the Breast, Fractures of the Patella, Flat Foot, Cirrhosis of the Liver—from the Practitioner's Point of View."

The regular meeting of the Board of Trustees of the Society for the Relief of Widows and Orphans of Medical Men of New Jersey was held at the residence of Dr. James H. Rosenkrans in Hoboken, on October 27.

Typhoid fever is epidemic in North Paterson. There have been four deaths. The local physicians, aided by the State Board of Health, are doing all they can to stamp out the disease.

It is said that 12,000 boys will be released from working in the coal breakers and the mines in Pennsylvania by the operation of the new law against child labor and will be sent to school.

## Personal.

Dr. Peter V. P. Hewlett, of Newark, is confined to his house by a serious illness.

Dr. H. H. Davis has been appointed by the Camden County Medical Society to represent the society on its legislative committee.

Dr. R. A. Reeve, of Toronto, Canada, has been elected president of the British Medical Association. The association will meet in Toronto next August.

### *New Jersey Physicians who are Candidates for Public Office.*

Dr. Dowling Benjamin, of Camden, is a candidate for State Senator from Camden County. Dr. Victor Parsonnet, of Newark, is the Socialist candidate for State Senator from Essex County. Dr. L. L. Hand, of Millville, and Dr. E. E. Haines, of South Amboy, are candidates for Assemblymen. Dr. Joseph F. N. Stack is the Republican candidate for Mayor of Hoboken. Dr. Charles B. Smith has been nominated by the Democrats and indorsed by the Republicans for Mayor of Washington, N. J., and Dr. William H. Lawrence, of Summit, is a candidate for Sheriff of Union County.

Henry Phipps, the philanthropist, is said by *The Tribune* to have offered to advance von Behring \$50,000 to be devoted to the completion of his studies in the tuberculosis cure.

An oculist from New York, who holds no license to practice in this state, having established a clinic in Englewood Hospital, has been declared by the State Board of Medical Examiners to be transgressing the medical laws of this State. The Attorney General has sustained this decision.

Professor Waldeyer, of Berlin University, says that the new buildings of the Harvard Medical School will soon be ready and "it may be prophesied that in them we shall have the best to be seen anywhere."

Vice-Chancellor Garrison has decided that the Royal Arcanum need not pay the death claim of John E. Walmsey, of Jersey City, because of a false statement in the application. It was proved to the satisfaction of the court that the applicant's mother died of consumption, whereas the cause of her death was given as pneumonia. The court holds that the insured must have known the cause of his mother's death and that he assumed full responsibility when he made answer to the questions in the application blank.

Dr. Stella Quinby Root of Stamford, Conn., in order to prepare herself for a course of study abroad, had her appendix removed at the Hahnemann Hospital in New York.

**W. B. Saunders**, the well-known publisher, was found dead in his room at Atlantic City. As a gas jet was found open it is suspected that he committed suicide.

**Dr. William H. Pratt**, of Camden, had a narrow escape from death on October 11th. In attempting to cross the Pennsylvania R. R. tracks in East Camden, the doctor's horse was struck and killed, his carriage broken to pieces and he himself dragged 100 feet by an express train.

## Notes on Practice.

For the prevention of alopecia. R acid salicylic, 12.; Acid carbolic, 4.; Olei ricini, 8.; Spts. vini rect., 90.; M. Sig. Apply freely to scalp once or twice daily.

In Herpes zoster. Paint the vesicles with collodion to prevent rupture. If rupture occurs use the following dusting powder: R Zinc ox., pulv. amyli, aa 30.; Ac. boracic, 10.; M. Sig. Dust over vesicles and cover with sterilized cotton.

Ergot is of undoubted value after placenta prævia for closing the sinuses of the abnormal placental site, both as a prevention against hemorrhage and against septic infection.

For anal fissure R. Cocaine hydrochlor., .06; Ich. typhol., 6.; M Ft. ungt sig.: Apply twice daily.

The treatment of neuralgia by hypodermic injections of air is attracting some attention. That these injections are superior to injections of water or medicated fluid, which have been used in neuralgia for a number of years, does not appear.

Inhalations of amyl nitrite have been effectively used in hemoptysis.

A fracture produced by only slight violence should at once raise the suspicion of a malignant growth. In such a case a uniform dark shadow about the bone as seen in the fluoroscope is to be interpreted as a neoplasm rather than as callus, for recent callus is not opaque to the X-rays.

In the treatment of fractures of the forearm no consideration is more important than the avoidance of contractures of the fingers, by the intelligent use of splints and by means of early active and passive movements.

Involuntary urination very often means a distended bladder, and in old men it should at once indicate an examination into the condition of the prostate. Vomiting, too, is often caused by distension of the bladder.

In the presence of anemia or of faintness, without other apparent cause, inquire concerning the passage of black stools. The condition may result from hemorrhages due to an ulcer or neoplasm of the small intestines.

Inflamed areas and abscesses about the knees of creeping infants should be examined for foreign bodies.

An amputation for malignant ulceration should not be performed until the possibility of its being merely a broken-down gumma has been satisfactorily excluded.

Tinnitus aurium, present only in the recumbent posture, is suggestive of aneurism of one of the posterior cerebral vessels.

After circumcision it is important to prevent adhesion of the reflected mucous fold of the prepuce to the corona glandis by the daily passage of a probe about the corona, and by the use of vaseline.

Surgical tuberculosis, no less than pulmonary tuberculosis, calls for the most careful general treatment, post-operative and otherwise.

Cerebro-Spinal Meningitis.—Hagner reports, in *American Medicine*, cases of this disease successfully treated by the intra-muscular injection of mercuric chlorid. He prefers, however, to inject it intravenously; and states that if there is swelling or pain after the injection is begun, and has been given very slowly, the point of the needle is, outside of the vein and must be withdrawn and reinserted. If any of the solution is thrown into the tissues outside the vein, it will cause smarting and a hard, painful swelling, which may be followed even by gangrene. This should be vigorously massaged away, if it occurs.

The same method of treating syphilis has been followed by this author for 10 years. He injects from 1-4cc of the following solution: Mercuric chlorid, 1-2 parts; Sodium chlorid, 1-9 parts; Aque distilat, 1,000. parts.—*Journal A. M. A.*

### NEW CONSUMPTION CURE.

The International Tuberculosis Congress at the Grand Palace in Paris has been a decided success, and the views interchanged promise effective results in regard to the management of sanatoria, hospitals and public and elementary schools. The great feature of the congress is the announcement of Professor Behring, concerning his experiments with animals, which he hopes will eventually lead to the discovery of a remedy for tuberculosis. Professor Behring is annoyed at the exaggerated reports of these experiments, which have not yet been applied to human beings. He is proceeding with tuberculosis on lines similar to those he followed in reference to diphtheria, and which led to his discovery of the anti-diphtheria serum. Dr. Brouadel and Professor Metchnikoff, of the Pasteur Institute, his colleagues in the congress, express confidence that Professor Behring is on the right track, and that next August he will be able to announce both a preventive and a cure for tuberculosis; but so far all is purely experimental. Several French scientists, notably Dr. Albert Robin, incline to the opinion that Professor Behring's remedy may be found in a serum from the milk of cows rendered immune against tuberculosis and administered by subcutaneous injections.—*N. Y. Tribune*.

In an English court a dairy company was put upon trial for adulterating milk with boric acid as a preservative. This drug had been used in quantities of 4.8 grains to the pint. The court dismissed the case on the ground that boric acid in that amount had not proved to be injurious.

The hardest conviction to get into the mind of a beginner is that the education upon which he is engaged is not a college course, not a medical course, but a life course, for which the work of a few years, under teachers, is but a preparation.—*Osler*.

Dr. O'Neil, of Jersey City, stated in court that his wife had sent him on several occasions two miles away on a stormy night to see a patient when no one had really summoned him. On other occasions, she had taken the receiver off the telephone so that his patients could not call him up. She had also attempted to stab him with the steel rod from an umbrella. For these and similar reasons he desired a divorce from her.

## FIRST COURSE OF HARVEY SOCIETY LECTURES.

October 7th.—Prof. Hans Meyer, "Die Theorie der Narcose" (in German).

October 14th.—Prof. Carl von Noorden, "Modern Problems of Metabolism".

November 4th.—Prof. F. G. Novy, "Trypanosomes."

November 18th.—Dr. P. A. Levene, "Autolysis".

January 20th.—Prof. W. H. Park, "A Critical Study of Serum Therapy".

January 27th.—Prof. Lewellys F. Barker, "The Neurones".

February 3rd.—Prof. F. S. Lee, "Fatigue".

February 10th.—Prof. L. B. Mendel, "The Formation of Uric Acid".

February 17th.—Prof. T. H. Morgan, "The Extent and Limitations of the Power to Regenerate in Man and other Vertebrates".

February 24th.—Prof. Charles S. Minot, "On the Nature and Cause of Old Age".

March 3rd.—Prof. J. C. Webster, "Modern Views Regarding Placentation".

March 10th.—Prof. Theobald Smith, "Some Phases of Tuberculosis".

March 17th.—Prof. W. H. Howell, "The Cause of the Heart Beat".

These lectures will be given on Saturday evenings at 8.30, in the Academy of Medicine, 17 West 43rd Street, New York City.

## HAIR GROWS ON MAN'S TONGUE.

### Causes Loss of Taste and Ability to Talk Distinctly.

BIDDEFORD, ME., Oct. 16.—Because of a growth of fine hair on the end of his tongue Will E. Cleaves, a jeweler of this city, is losing his sense of taste and also his power of speech. The strange case has thus far baffled the local physicians, who say they have never known of a similar case, and do not know how to treat it. Some time ago Cleaves discovered a few fine hairs on the end of his tongue, but thought little of it at that time. They continued to grow and increase in number. He soon found that his sense of taste was becoming very deficient, and that all his food tasted alike.

He consulted local physicians, who are now making every effort to kill the hair. The hair has reached such a length that Mr. Cleaves is losing his power of speech, not being able to articulate plainly.—*N. Y. Sun*.

When operating for empyema thoracis it is a good rule, to aspirate again when the pleura is exposed and before it is incised. This may save some embarrassment.

**The State Homeopathic Society** held their fifty-second annual meeting in Atlantic City, October 4th. They adopted a resolution to the effect that if the osteopaths are to be licensed to practice medicine in New Jersey, they must pass the examination of the State Board of medical examiners, just like other candidates for medical license. They adopted the following table of fees for operations: For stomach operations, from \$50 to \$500; amputation of finger, \$5; of leg, \$150.

**Newspaper Medicine.**—According to the *Daily Press*, Chicago maintains her reputation for "getting there" in medicine as in other respects. A medical luminary of the University of Chicago is reported to have said, "what we have learned gives us hope that some day we may replace the wounded or worn out heart of a human being with the healthy youthful and strong one from a living monkey."

**Age or Weight and Personal Injuries.**—The Court of Errors and Appeals of New Jersey holds, in the personal injury case of *Staines vs. Central Railroad Company of New Jersey*, that the fact that the injuries of the plaintiff would not have happened to a younger person, or one of less weight did not absolve the defendant from liability for such injuries.

**Wedded Sixty-six Years.**—Mr. and Mrs. Britton Woolley, who were married sixty-six years ago, celebrated the event October 15th. The occasion also marked Mr. Woolley's ninety-third birthday. He is the oldest person living in Long Branch or vicinity. His wife is eighty-three and quite feeble. Mr. Woolley is still active and cultivates a small farm. He has lived sixty-four years in one house.

**Dr. Osler** has arrived in England. *Punch* remarks that all persons over a certain age are trying to look as young as possible.

The dear public was recently treated to the following bit of interesting medical news:

### BERLIN MAN'S EYES FALL OUT.

Berlin, Sept. 2.—An extraordinary case of a man whose eyes drop out, has been brought before the Berlin Medical Association. He is 26 years of age. Waking up suddenly one night in excruciating pain, he found his left eye lying on the pillow, but with the aid of relatives, he was able to replace it, his sight not being in any way affected. If he leans forward his eye will drop out, and he lives in constant terror. Sometimes it is the right eye, sometimes the left, which falls out.

Office of publication, 794 Broad St., Newark, N. J. Communications relating to the business of the paper, advertisements and subscriptions may also be addressed to WILLIAM J. CHANDLER, M. D., South Orange, N. J.

Address all papers on medical subjects, all news items, and all books for review to RICHARD C. NEWTON, M. D., 42 Church Street, Montclair, N. J.

The JOURNAL will be glad to print original papers from any source, preferably from members of the State Society, provided that they shall be of sufficient merit and shall be contributed to this paper exclusively.

Anonymous communications will not be published, but the name of the author of a communication will be kept secret if the editor is requested to do so.

The Medical Society of New Jersey does not hold itself responsible for the sentiments expressed by the authors of papers.

It will be satisfactory to all concerned if authors will have their contributions typewritten before submitting them for publication. The expense is small to the author—the satisfaction is great to the editor and printer. We cannot promise to return unused manuscript.

Authors may obtain reprints of their papers at cost, provided a request for them be written on the manuscript Matter received after the 20th of any month cannot appear in the next issue of the JOURNAL.



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### THE SECRET NOSTRUM EVIL.\*

Frank Billings M. D.  
Chicago.

I shall make no apology for bringing this subject before this section. Its importance to the profession of medicine and to the public justifies an exposition of the evil now. In no other country has this menace to the welfare of the people and to the best interests of scientific medicine developed as it has with us.

Probably the reason is that other countries, with one or two exceptions, protect the people against frauds in foods, medicines, etc.

Some day it is to be hoped that the Congress of the United States will enact a national pure food law which shall include the regulation of the copyrighting and exploitation of proprietary and other medicines.

Just here it will be well to say that the term "proprietary medicine" does not necessarily stamp a preparation or remedy as a nostrum. Webster says that a nostrum is "a medicine, the ingredients of which are kept secret for the purpose of restricting the profits of sale to the inventor or proprietor: a quack medicine." Some proprietary medicines are patented, or better, the process of manufacturing the article is patented. This patent protects the discoverer, or owner, in the manufacture of the medicine or drug for a period of 17 years. These preparations are ethical, in that they are not secret, for

\*Read in the Section of Practice of Medicine of the American Medical Association, at the 56th annual session, July, 1905.

any one for a small fee may obtain from the patent office of the government a copy of the description of the process of manufacture and the actual chemical composition of any such patented drug or remedy. The chief harm which has come to us in America from the protection by patent of the process of making a chemical or drug has been the resulting high price of the product. Many of the synthetic chemical drugs, like antipyrin, phenacetin, etc., cost ten times their worth as compared with the price of the same drugs in Germany and in other countries. As stated, however, such really patented preparations are not secret; the composition is known. Some of them are of value therapeutically. Many of them are valueless. Some of them are harmful. Most of them we could easily get on without and fare better with the older, more simple remedies. Too many "made in Germany" specifics are shoved under our noses.

Now, as to the other proprietary medicines. All the so-called "patent medicines" put on the market for the public, and many of the preparations exploited to physicians and distributed by them to the public, are not patented, but are protected by a copyright or trade mark. Technically there is no difference between the secret proprietary medicines manufactured for physicians' use and the "patent medicines" exploited to the public. Both are protected by a copyright or trade mark name. Both are protected for an indefinite time. They are mixtures, as a rule, of several ingredients.

The relation of the physician to these preparations, however, is very different. Those "patent medicines" which are advertised to the public are not considered ethical

and physicians abhor them and rightly condemn their use because they are often dangerous and always irrational as remedies. On the other hand, the manufacturers of those copyrighted proprietary medicines which are exploited to physicians by extravagant claims of specific therapeutic action, use the doctor as the middle man to distribute the cure-alls to the public.

Medicines so prepared that the busy physician could easily dispense them found a certain class of doctors eager to use them. The indications for use appeared on the label or in the accompanying literature. Tonics, blood and tissue builders, emenagogues, pain relievers, febrifuges, laxatives, calculi dissolvers, soporifics, bile promoters, heart tonics, cures for Bright's disease, etc., have appeared in countless number and some remedies offered are confidently presented as cures for not one, but a half dozen diseases or symptoms—complex. Indeed, the claims of many of the promoters of this class of remedies do not differ in extravagance from the cure-all patent medicines offered directly to the public.

It has been easy to obtain testimonials of the alleged value of many of these remedies. Many even of the "faculty" have extolled them. Why, therefore, should not the less experienced physician use these "elegant," palatable, all-ready to use, with label-specifying-dose, disease-indicating remedies? Prominent physicians and the "faculty" had testimonials, in the circulars sent with the samples, indicating the virtues; why, therefore, use the simple proved remedies of the pharmacopœia, and especially as the latter would often necessitate the trouble of writing a real prescription?

To the rational physician most of the mixtures, even with the formulæ, are objectionable. Disease is never quite the same in different individuals, nor does the picture remain the same from day to day. The treatment must be modified to meet the varying problem of the morbid process. Rational therapy calls for simple prescriptions; but if there is an objection to mixtures with fixed and known formulæ, what must one say of mixtures of secret or semi-secret composition? As Dr. Horatio C. Wood, Jr., says:

1. "Proprietary Therapeutics," *The Journal A. M. A.*, June 10, 1905, p. 1836.

A much more elusive and therefore dangerous evil lurks in the class of mixtures which attempt to cloak their secrecy with a deceptive show of frankness. I think you will grant that the physician is rarely justified in the use of remedies concerning which he has no knowledge, and I main-

tain that the publication by a drug firm, of whose integrity the physician is absolutely ignorant, of a professed list of ingredients of some mixture is not sufficient knowledge to pardon or to warrant the use of that remedy. In the first place, if the published formula be correct, it is not enough to know simply the composition of a mixture, the exact quantities must also be known; there is a vast difference between the effects of 1 grain and of 100 grains of opium. Moreover, there is no means of knowing that the formula is a true one, for many of these corporations do not hesitate to pervert the truth.

Many of the promoters of these preparations claim, as chemists or as pharmacists, to be the discoverers of the wonderful remedies and the alleged unusual knowledge of chemistry or of skill in pharmacy has enabled the discoverer to develop in a mixture heretofore unknown, therapeutic qualities. Truth to tell, however, it is known that the proprietors are not always the manufacturers of the preparations they exploit and distribute. Many of the proprietary preparations are made by the large manufacturing pharmacists for the owners. Pharmaceutical skill is doubtless used in these instances, but it is the kind of skill which is for sale and is not personal.

I am informed that it is not unusual for one manufacturer of proprietary mixtures to have several so-called "companies," through which he can more easily exploit and distribute his products.

There is said to be a direct relation between the Dnd Chemical Co., the Od Chemical Co., the Sultan Drug Co., the Rio Chemical Co., and the Peacock Chemical Co., or at least that they are linked together through one individual, and that Battle & Co., and the Lambert Pharmacal Co., are related to the above list. It is said, too, that the Vass Chemical Co., the Lotos Chemical Co., and the Valley Chemical Co., are one combination. Doubtless other combinations exist.

Curiosity recently prompted me to look through a number of medical journals, and I can not resist the temptation to quote some of the preparations advertised in them: Aletris Cordial, Celerina, Neurilla, Respiton, San Metto, Cactina Pellets, Seng. Chionia, Thirlion, Zarcot, Echthol, Hagee's Cordial of Cod Liver Oil Compound, Mandragorine Tablets, Rheumagon, Ponca Compound, Ammophenin, Chloro-Bromon, Anasarcin, Bronchiline, Zematol, Zymotocine, Sulphogen, Labordine, Satyria, Manolo, Cacodol, Eusoma, Leprosen, Sulpho-Naphthol, Pasavena, Neurosine, Germiletum, Bonn's Passiflora Tablets, Dioviburnia, Tongaline, Lithiated Hydrangea, Melachol, Gonoseptone, Calicolo, Solsul, Saliodin, and

so on *ad infinitum*. These are only a few samples of what the physicians of the United States are asked to prescribe. But there are hundreds of secret preparations that are not advertised in medical journals, whose literature and samples come to us through the mails, etc. In the majority of cases, we do not know their contents, and in many instances an analysis shows that they are simply mixtures. Often a prescription written by a physician for a particular case is purloined, put up under a trade name and exploited as a cure-all.

As an illustration see the official announcement of the Council on Pharmacy and Chemistry regarding certain nostrums that have been exploited as synthetic chemical preparations guaranteed to cure everything. I have no doubt that the majority of the physicians who have been prescribing phenalgin, antikamnia, sal-codeia (Bell), and ammonol were shocked when they found out that, according to the analysis, they had been giving a simple mixture of acetanilid, with bicarbonate or salicylate of sodium or carbonate of ammonium, with a little caffein in some instances. What physician will be foolish enough to use these preparations, when he can get the same of his druggist for at most one-tenth the cost, but especially what physician with a particle of medical knowledge would think of giving acetanilid if he knew it, in the majority of the conditions in which, according to the advertisers, these nostrums are indicated?

What physician would prescribe Gray's glycerin tonic, if he knew its chief ingredients are gentian, dandelion, glycerin and sherry wine?<sup>2</sup> Could he not write a prescription as good and feel that he was his own judge of what constitutes a tonic?

Let me quote from THE JOURNAL A. M. A.<sup>3</sup> This, I am told, refers to an article advertised as a cod liver oil preparation—one of the tasteless kind, that has been investigated by a sub-committee of the Council:

2. "Each half ounce is stated to contain dilute phosphoric acid, 12 minims; gentian root, 10 grains; extract of taraxacum, 15 grains; glycerin, 80 minims; sherry wine, 80 minims; carminatives, q. s."—*Thesaurus of Proprietary Remedies*, p. 148.

3. June 17, 1905, p. 1943.

"We have recently had occasion to open a package of a well-known 'Tasteless Cod Liver Oil' preparation. The circular which was wrapped about the bottle was replete with interesting information, especially for the patient, who obtains the remedy in the original package, as prescribed by his physician. He finds in it a list of the diseases in which the preparation does wonders—they range from the dread consumption to cystitis

and hemorrhage of the kidney. Most interesting to us, however, is the statement that this compound 'contains all the necessary elements of nutrition.' It is too bad to disturb this beautiful vision by the report of the chemist. This shows that the product is quite free from oil or proteids; the only nutrient ingredients are alcohol, sugar, and perhaps glycerin. But the claims of the manufacturers are probably correct, for it contains carbon, hydrogen, oxygen, and probably a trace of nitrogen—so does gun-powder.

"Perhaps it will now be the turn of strychnin to be advertised as the ideal food. It seems superfluous to point out the moral of this tale."

It is not necessary to enter into a discussion as to whether we should ever prescribe secret proprietary medicines, for in the minds of intelligent men, even with only a smattering of medical knowledge, there can be but one answer. A physician who has a true appreciation of his responsibilities, who has even ordinary knowledge of the action of drugs, and the danger from their unintelligent use, would not think of prescribing for the sick, who have placed themselves under his care, a preparation about which he knows nothing except what the manufacturer, about whom he knows less, had told him. While there is no excuse for prescribing these medicines, too many unthinking physicians are influenced to do so by the claptrap designated "literature," which the exploiters publish about their preparations.

There is not a secret proprietary preparation that has any more value, from a pharmaceutical or therapeutic standpoint, than has the ordinary prescription of the average general practitioner. Stop advertising them and they would be forgotten, just as "patent medicines" pass away if they are not advertised. A hark back 10 or 15 years will call to mind concoctions which physicians were asked to prescribe, and which, according to the advertisements, performed wonders, but now are heard of no more. Their advertising literature stopped coming and the nostrum-prescribing doctor ceased to use them.

What is the cause of the nostrum evil? There are several.

1. Pharmacology and therapeutics are neglected relatively by many of our medical schools. Anatomy, physiology, pathology, diagnosis, etc., are emphasized and too often the usefulness and limitations of drugs are neglected. Too frequently drug nihilism is taught. If the student were fully taught the physiologic action of drugs, the art of prescribing, preferably single remedies or in simple combination, using if he desires the pharmacopœial preparations prepared by reliable manufacturing pharmacists, and at the



same time if he were taught when not to rely on drugs, but frankly to prescribe for his patient a course of hygienic measures which alone would accomplish all that would be required, he would not be the willing dupe of the *nostrum* vendor, as he now is.

2. The reputable manufacturing pharmacists deserve great credit for the improvement they have made in pharmaceutical products. They have afforded us official preparations in the form of pills, tablets, syrups, tinctures, extracts, etc., which are elegant in appearance, often palatable and usually potent.

For this advance in pharmacy, a distinct credit to our country, we owe them our thanks.

Unfortunately, many of them have not stopped at this point, but have manufactured their own special mixtures which are just as objectionable as the products of the special manufacturers. They, too, have been active with their agents in visiting physicians and in distributing "literature." This encourages drug-giving in specific mixtures for special symptoms, and is wrong. With one hand they do good work, with the other much evil is done.

3. The *nostrum* makers at first copied the methods of the reliable manufacturing chemists, in exploiting their products, but they have gone a step further and have reached a point where one may say that they have subsidized the medical press. I know I am on dangerous ground when I make this statement, but right here is the chief cause—and the remedy. How many of our so-called medical journals are subsidized by medicine manufacturers I do not know, but all physicians know as well as I that there are many, and I do not refer to the so-called house organs. I unhesitatingly affirm that one-half of the medical journals of the country would be out of existence if it were not for the *nostrum* advertisements. Under the circumstances, therefore, can we expect these journals to say anything? Need we be surprised that scarcely a journal published the official report regarding the acetanilid mixtures, when the preparations hit were the best paying advertisements in the country?

What is the remedy? Publicity. The enlightenment of the profession. The truth regarding not only what the preparations contain, but who makes them. Certainly no honest manufacturer will object to this last proposition, and no honest physician will put up with less than the former.

The Council on Pharmacy and Chemistry

has been created to investigate the non-official preparations, to find out the truth about them, and to publish its findings. It is not necessary to repeat here the results of the work already done by this body. All physicians have read, or may read all about it. In my opinion there has been no movement undertaken by the American Medical Association that will be so far reaching as this one to rid us of the blight of the *nostrum* evil. For the first time, we see the possibility of the elimination of a part, at least, of this curse to American medicine. It is the first practical solution offered of a most difficult problem.

But—and I want to emphasize what I am about to say—the movement will have the most determined opposition that money can bring. Millions are being made annually by *nostrum* manufacturers, and they will not sit idly by and see this wealth-producing business done away with if they can prevent it. It won't be an open fight, for their business will not stand publicity. They will have with them those so-called medical journals which are published solely in their interests.

This movement will have the sympathy of every thinking physician of the country, but sympathy does not win battles. In this fight those who are representing us should have all the support we can give. In society meetings especially we should aid in the propaganda by helping to enlighten and to interest those of our profession who have given the matter no thought. We should support those journals that represent us, and not tolerate in our offices those that we know to be subsidized and to represent their advertisers rather than their readers.

#### **The Battle of a Hundred Years Against Yellow Fever in New Orleans.**

The Rev. Beverly Warner, of New Orleans, writes: "We are fighting what we believe to be the last battle of a hundred years' war. It is the profound conviction of the health authorities, federal and local, that New Orleans need never again fear an epidemic. When the last case has passed into history, we expect to have proved that the fever is no longer a mysterious enemy, coming from an unknown quarter and striking in the dark—but an open and well-known foe, against whom we may always be on guard and with which we have a certain knowledge of being able to cope. Under the sane and experienced leadership of the Marine Hospital service, we are fighting at our own cost and charges in men and money. And we expect to win." And they are winning for the fever is spreading only in the smaller towns, where the enthusiasm and system of the New Orleans campaign are wanting.—*Medical News*.

**WHAT THE OSTEOPATHS DEMAND.  
—HOW SHALL THE MEDICAL  
PROFESSION REGARD  
THEM?\***

By Philip Marvel, M. D.  
Atlantic City, N. J.

Owing to the time limit under which the reading of papers has been regulated at this meeting, it will be impossible for me to do more than briefly and very incompletely refer to much that is pertinent to the question under consideration.

By way of introduction, I desire to state, though there are three distinct interests involved, viz.: That of the public, the practitioner of medicine, and the practitioner of osteopathy; I shall confine this discussion of the subject, more particularly to that which concerns the first, viz.: the people. To none is the question so vital as to those whose health, and even life may pay the penalty of ignorance, bigotry or insufficient means of relief at a time when the dangers at hand most demand assistance.

Habitation with its manifold environments, added complexities through climatic and atmospheric changes, temperament, hereditary influence and acquired habits, bacterial and other direct causes of disease, all unite in the one declarative and indisputable fact, that multiple diseases from varied causes, require multiple remedies for their respective relief. By a special fitness, the medical profession has merited and enjoyed for a long time the confidence of the people, and through this confidence has been accorded a kind of advisory judgeship, in things sanitary, and in matters pertaining to the principles and laws underlying health. Therefore, it may not seem an impertinence on the part of the profession, to call attention to the demands which are being made upon the Legislature by a so-called system of "treatment", viz.: osteopathy; or to raise a question as to the qualifications acquired by them, as a standard for the privileges sought. The medical profession further claims the privilege of inquiring into this subject, because of the duty imposed upon it by the public, of warning the people against the dangers imminent in the practice of pretenders and irregular practitioners; and again, because of the disastrous consequences which may follow unrecognized epidemic diseases.

The advance in the science and practice of medicine in many ways has been synonymous with the progress of sanitary developments, but the establishment of the much sought for means of preventing diseases, as well as a ready relief from incurable ills and accidental injuries, have not yet been satisfactorily discovered by any system of medicine, nor can they be obtained through the introduction of any "single measure" system. The individual in health, as in disease, is the object of treatment, whether the treatment be received from the hands of one claiming knowledge of this or of that school. It is therefore obvious that theories and speculative hypotheses, relating to diseased and disturbed forces of the body, amount to little when estimated otherwise than by a knowledge of the principles underlying and governing the normal physiological laws of function. Nature reveals the secrets of her forces to the various sciences in no other way, and by no other means, than she has always done, and will ever continue to do. To have discovered or originated a new system of medicine, important in the treatment of disease, would be to have more closely interpreted the relation of her secret forces, and to have gained a more nearly correct understanding, of the physio-chemical functions of the body, than has hitherto been known, or at least to have become acquainted with a system capable of exciting and assisting these forces and functions, to a more nearly perfect performance of their normal activities than had been previously observed. Therefore, unless the facts bear witness to the above, no system will be able to prove its superiority over the one already existing, and if not, there can be no logical reason why our present system of medicine may not continue to answer the varied requirements, for relief, far better than any that has yet to be organized. Once possessing the legal right to differentiate and treat all diseases, i. e. to legally practice medicine, the licentiates of this system, may at any time demand the right, and insist upon the privilege of formulating laws, advising sanitary commissions and directing boards of health, as well as individuals, relative to public hygiene and sanitation. It thus becomes an important matter for the people, and the medical profession as well, to seriously consider what advantages are to be obtained from this or any other system of "medical healing," before they proceed to invite its adoption. Especially should they study most carefully any system which claims a cure so competent and complete in

\*Read at the 139th meeting of the Medical Society of New Jersey.



itself, as to regard all past agencies, whether established scientifically or empirically, of little or no importance. Whatever may be the qualifications and advantages offered by the osteopathic system, which is asking the privilege of practicing in this and other states, you and the people will shortly be called upon to decide. The present statute regulating the practice of medicine in the State of New Jersey declares, that no one shall practice the art and science of medicine under penalty of fine or imprisonment, or both, who has not properly qualified by having complied with all the requirements therein stated. All osteopathic bills, so far presented to the legislative bodies of this and other states, (copies of which lie before me), ask for a legal right to engage in the practice of healing, which broadly means, the practice of medicine, and at the same time declare their inability to comply with the requirements of the law already existing, by praying the legislature to give them a special enactment, whereby they may be allowed all of the privileges vouchsafed by our present law, except as they are modified in their various bills, asking a release from the responsibilities of the practice of pharmacotherapy and major surgery.

According to our best and most recent authorities the former, i. e. pharmacotherapy is one of the divisions of therapeutics, and the latter in a strict sense, is not a part of the practice, but a division of the science of medicine. Hence, when carefully analyzed, osteopathy is actually demanding what amounts to the full practice of medicine, with a very slight exception in which major surgery is claimed to be excluded, while at the same time, they ask the privilege to participate in the diagnosis and also in the treatment of minor surgical cases, as well as in obstetrics and in gynecology—thus forcibly indicating what is implied by them as minor surgery.

The Governor of Pennsylvania very wisely exercised his power of veto against the osteopathic bill recently passed by the Legislature of that state, because the confessed ignorance and incompetency, in materia medica was too flagrant to allow its licensees to assume the responsibilities of a practitioner of medicine.

Having called attention to some of the dangers and complications likely to be the outgrowth of legalizing and qualifying insufficient systems of medicine, I will now more particularly speak of the so-called osteopathic system of healing, which in fact is but a part of mechano-therapy, and in favor

of which, a few over zealous enthusiasts have encouraged themselves into believing that it is to grow into a wonderful and incomparable system of medicine, through which the major ills of humanity will find relief.

In order that I may be just in my criticisms, conscientious and reasonable in my representations of this over estimated school, let me introduce it, by briefly extracting an article by one of the Kirkville Mo., professors, to whom I am indebted for the following data.

In the year 1875, Dr. Andrew Taylor Still, a graduate of the "old school" and former resident of Illinois, conceived the idea of a new system of treatment (?) (mechano-therapy), which he subsequently christened osteopathy. After practicing his new system for a number of years, he established it by incorporating and organizing the first college or school in Kirkville, Mo., where the buildings were erected in 1896; since which time there have been established in different states a number of colleges. The most important of these, in addition to the one at Kirkville, are situated in Minnesota, Iowa, Massachusetts, Pennsylvania, Colorado, California, with a number in the South, all of which are federated into one college association, claiming a uniform curriculum.

It is estimated that these colleges have already upwards of 3,000 graduates and an average yearly attendance of 1,000 students. The first statutory recognition of this new school of treatment was in the state of Missouri, in the year 1896, and to-day the practice is legalized, in no less than twenty-four states and territories, and the most of you know how nearly it became recognized in New York, New Jersey, Pennsylvania, and Utah, during the late sessions of their respective legislatures. The very liberal recognition already enjoyed is a reward for the vigorous and undaunted push, strengthened by the organized demand of their combined colleges, and strongly emphasizes two points, viz.: A demand for state recognition and a strong bidding for national acceptance. I take it, that we are all to some extent acquainted with the advantages of mechano-therapy. Its benefits have been known to medicine for hundreds of years, even to the early Latins and Greeks, who employed this means of treatment thousands of years before Andrew Taylor Still was born, and it has been much used as an adjunct in the treatment of many chronic diseases, both in the remote and near past,



as in the present, and doubtless this branch of therapeutics, with our advancing knowledge of histology, physiology, etc., will be still more used in the future. Applied force is known to be stimulating and supporting to physiological energies within the economy. Different systems differ more widely in the manner and mode of manipulation and force of touch, than in the scientific principles claimed. Incidentally speaking what is most needed, and should be most urgently recommended by the medical profession, is not additional "pathies," but a more thorough acquaintance with the anatomical construction and physiological forces of the body by those who are to be entrusted with the mechano-therapy treatments, and a better knowledge of the relation of said forces, in both health and disease. A clearer conception of etiology, a keener comprehension of the morbid and destructive changes present, and a finer discrimination between normal and perverted function, are the essentials for a greater and more scientific advancement in the practice of medicine.

Having briefly considered the history of osteopathy, which, as stated, is but a part of mechano-therapy, and also having referred to some of the therapeutic advantages to be obtained therefrom, let us now consider the basis and foundation for the osteopathic demands.

In order that we may keep before us the theory upon which osteopathy has constructed its fundamental principles, I have copied the following definition given by Hewlett in his "Principles of Osteopathy," page 20, and offer it as a basis for further discussion.

Osteopathy says he, is "a system of therapeutics which, recognizing that the maintenance and restoration of normal functions are alike dependent on a force inherent in protoplasm, and that function, perverted beyond the limits of self adjustment, is dependent on the condition of structure perverted beyond these limits, attempts the re-establishment of normal function by manipulative measures designed to render to the organism, such aid as will enable it to overcome or adapt itself to the disturbed structure."

This aggregation of words and phrases is capable of varied interpretation, and leaves one in somewhat of a mental muddle, as to what is intended to be stated by the author. However, he may be credited with an ingenuity equaled only by the obscurity of the principles which he attempts to elucidate. As the definition reads, it

seems to me more than an illogical hypothesis. By reconstruction, it may be arranged to read "A system of therapeutics (properly a division of mechano-therapy) which recognizes that the maintenance and restoration of normal function alike depend upon a force in protoplasm; that when normal function is perverted beyond the limits of self adjustment, the perversion is dependent upon structural derangement, and osteopathic therapy attempts the re-establishment of normal function by manipulative force or measures, which measures are designed to render to the organism such aid as will enable it to overcome or adapt itself to the disturbed or displaced structures." The statement "That restoration and maintenance of normal function, depend upon a force inherent in protoplasm," states nothing new, or unknown to the science and practice of medicine, but to the statement "when normal function is perverted beyond the limits of self adjustment, the perversion is dependent upon structural derangement." I take it, that this is intended to refer to the undemonstrated theory of displaced tissues, i. e. bones, muscles, nerve trunks, etc., and if so, herein lies the fundamental claim for their so-called therapeutical system, and the acquired necessity for using manipulative therapy, i. e., manual force, for the replacement of the tissue, and incidentally the restoration of its function. In other words, the attempt at replacing the displaced tissues or structures by manipulative measures, for the purpose of rendering to the body such aid as will enable it to overcome or adapt itself to the disturbed or displaced structures, is accomplished by the application of physical force through the medium of applied individual touch; or differently stated, the osteopathic school recognizes but two divisions or classes of diseases; those arising from simple perverted function without known causes, and those arising from trauma—tissue displacement—in which the function incidentally becomes disturbed, limited, or destroyed. We, therefore, deduce from the foregoing, that the author ignores entirely the bacterial and other possible transferable causes of disease, and the necessity and advantage of any form or method of relief, save that of applied force, which may be, and as a matter of fact is, capable of modification, according to the election and impressions of the operator, and the psychical influence exercised upon the mind of the person operated upon. The quintessence, therefore, of the new science claimed to have been discovered, and the

means through which relief is to be obtained by the so-called "new" or "osteopathic treatments," are summed up and emphasized in foregoing statements. If we contrast this largely theoretical, and I may add, illusory system of treatment, with that of the science and practice of medicine as it exists to-day, there need be no further argument to show the inconsistency and incompleteness of the former, as compared with the latter.

Science has demonstrated, that in all diseases, both organic and functional, certain groups of physiological forces become directly or incidentally disturbed or altered, and an attempt to aid nature in bringing these forces back to the normal, that is in restoring them to their natural activities, is the chief work of the therapist. No number of theories, whether they be the offspring of osteopathy, or the illusory dreams of other schools, can, or will ever improve upon nature's masterly way of arranging and maintaining her wonderfully allied and relational forces, by which life in its development and support, and in its renewal of structure and function, is continually sustained. The practice of medicine, much less that of pharmaco-therapy, as has been claimed to the contrary by other schools, does not pretend to restore life, or actually to cure disease, but to determine by as clear and comprehensive a knowledge as possible, the organ, tissue, or function involved, and through the aid which science has given it and by knowledge acquired through observation, which, if you please, may be called empirical, to select the best known agent or measure obtainable for the speediest relief of the structures and forces attacked. To accomplish this, requires more than a limited or partial knowledge of mechano-therapy, and more than a knowledge of anatomy, or physiology and pathology. Although these are fundamental in the study and practice of any system of medicine, or healing, and most essential to the greatest progress.

The great aim of the science and practice of medicine is the alleviation of suffering and the restoration of health. The science of medicine is so broad in its domain, and in practice, so liberal in its chosen and adopted principles, and so earnest and painstaking in its fields of investigation, that there seems little or no room for rational medicine outside of its ever extending bounds. Certainly there can be no comparison between any "one measure" or "one ideal" system, and that which investigates

by all scientific and rational means at hand, and rapidly adopts all advances and adaptable discoveries which are proven to be helpful in either alleviating, restoring, or assisting the diseased to health.

Mechano-therapy consists of one of the sub-divisions of an important branch of the science of medicine, viz.: of therapeutics, and is defined as that part of therapy which consists of mechanical and manual movements in the treatment of disease. This, of course, may be further individualized by vibratory motions, gymnastic exercises, Swedish movements, massage, baths, electricity, and other applied forces.

In considering the claim of osteopathy, which includes but a small part of mechano-therapy as the chief reason for a new system of medicine, the definition of Hewlett, as embodying the science and practice of the same, and further deducing from what has been cited in this and other articles concerning the form of application of the treatment used, there would seem to be no particular good or logical reason given or implied, why this or any other so-called system offering so little, should be legalized and protected as a special system of treatment, and there ought not to be, and should not be, in the minds of the public, any particular mystery surrounding this method of therapy, or its application to the individual, if the people are only properly informed concerning it. This may easily be brought about by each physician informing himself in regard to the teachings and practice of the school, as given in their text books, thus preparing himself to present the facts and principles which they teach in an unbiased and intelligent manner, thereby giving to his patients, and through them to the people, an intelligent understanding of what they may obtain from this means of treatment, and further showing the relation which the treatment bears to that of the science and practice of medicine.

As a commonwealth, we are not so advanced in educational advantages, that we may at will sacrifice our position already obtained, by indulging our presumptive minds in a theoretical proposition, without endangering our relative position in the advancing progress of the age in which we live.

(If the regulation of the practice of medicine in this and other states, by a legally required and authorized standard, has raised the moral, educational and qualification equipment of the practitioners thus privileged, and increased their efficiency in

the work and responsibility assumed—and few if any question this—then the people should have knowledge of the fact, that the law thus protecting them, and inuring to their advantage, was conceived and passed wholly in their interest; and if they are once brought to appreciate fully what a rescinding of the act will mean to them, I have little fear for the result.)

It should be known to the people, that to permit the practice of medicine or the practice of the "healing art," by any other school, or "pathy" under a less exacting, and broad-gauged requirement, means to provisionally establish a lower order of efficiency, and pay a price, too considerable to estimate, by inducing those who failed in their "finals," at the various medical colleges, to take refuge in the less requiring and more easily obtained standard offered by a substitute act, which by its maintenance will induce illy-qualified men to enter the profession through this portal, thus offering a premium for a less exacting and less efficient system of practice than now exists. We must not retrograde, but with an eye single to greater achievements, higher ideals, and a determination brought with an energy worthy of so great a cause, let us recommend such legislation as will be fair and just alike to all. Legislation which will know neither school, "pathy," nor sect; simply, one science, and one standard, which shall include the embodiments of all scientific truths, touching upon or allied to the relief of all diseases. But if, in the judgment of this society, the time is not yet, when a position so declarative, but only fair, so demanding, but only proper, and so exacting, but only just, can be maintained, then let us urge a restriction of the privileges to be authorized by legislative act, to a degree at least, that will insure against individual injury, such as will surely follow ignorance and deficient qualification. I do not recommend the latter as wholly feasible, or as a safe and proper solution of the problem, nevertheless, under a restraining act, in which osteopathy and allied systems might be prohibited from practicing in contagious and other febrile diseases, obstetrics, gynecology, and in those accidental and otherwise acquired sudden illnesses, that result from chemical poisoning, there would be removed a very large percentage of the objection which the members of the profession entertain against the claims of the osteopaths.

In the absence of such a restraining clause the privileges already granted them

in other states leave the dangers too apparent, and too far reaching in their influence, for physicians not to raise a mighty protest.

From a standpoint wholly in accord with the interests of the people, it is the duty of the legislature to require a uniform standard, to be determined by examination in the practice of medicine and the "healing arts," thus assuring an average technical knowledge in the science and practice in-so-far as relates to all fundamental branches. The question of specific treatment may be left to the preference of the physician selected and the patient to be relieved, or in the case of minors, with the physician and those upon whom rests the responsibility of guardianship.

An act so regulating the practice of medicine without reference to school or "pathy" would in no wise establish an equality of physicians. This prerogative would as now, remain entirely with the profession through its local, state and national associations.

Therefore, in conclusion, let me urge the unanimous co-operation of the members of this society, in an endeavor to reach every member of the state legislature, acquaint each of them with the impossible and fallacious doctrines now being promulgated by the osteopaths and importune them to familiarize themselves with the grave responsibility of legalizing the practice of so-called "healing arts" under any other act, or fostering them by any other protection, than that which the state at present maintains, or shall modify by amendment, and further let them be assured that the opposition which has been offered by the medical profession, and will continue to be offered, is in no wise a professional or personal movement, but has had its origin and growth in the interest and protection of humanity.

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**Dr. Walter B. Johnson**—I believe that after this matter has been discussed the committee on publication should be requested to have a certain number of reprints of the paper prepared to be used by the members of the committee on legislation. I believe that the straightforwardness of the paper and its contained explanations might possibly lead to a more thorough knowledge of the subject on the part of the legislators. It is necessary that the committee on legislation should have something of this kind in order that the legislators and senators of the state of New Jersey may better understand just what the condition is. I believe that the paper *en masse* would prove of great advantage if used by the committee on legislation and would further their efforts in combating the passage of any vicious os-



teopathic laws, and especially in fighting against the present osteopathic bill.

**Dr. W. Blair Stewart,\* of Atlantic City.**—

The whole question of osteopathy as presented by the reader of the paper is so very clear in itself that there is little need of any discussion as to the merits or demerits of the system. The question confronts the medical profession of New Jersey. Osteopathy has become such an important factor that we must meet it face to face, as a plain business proposition. In *The Encyclopedia Americana*, Vol. XI, a full description of what osteopathy is, was written by one of their own men in which he claims the right in extreme emergencies to use anæsthetics or antiseptics, methods of incision, excision, etc. If such is the case, gentlemen, then they claim that in addition to their special form of treatment they can apply therapeutics from our standpoint. When we speak of medical and surgical standards and qualifications in this state and arm the state board of medical examiners with an efficient law, we have established a body of which we should be proud. But we are now confronted with a condition where these men claim to come where we are and treat the same patients and with less or no educational qualifications. Is it right or just? The legislature should not allow osteopaths to treat patients in the state of New Jersey unless they have the proper registration. It seems to me that any other interpretation of the law would be discrimination. From a decision of the court in New Jersey a very embarrassing position has been established. Let us up and work!

Now how shall the committee approach this question? It seems to me that Dr. Marvel's suggestions offer the only solution. The osteopaths are bound to have representation in some form and the only way to have such representation is by exacting of them the same educational qualifications and same terms and preparation as have been exacted of us before they are allowed to enter upon the practice of osteopathy in this state. Let them have a representation on the state examining board, if no other way is feasible, but they must first qualify in those subjects which lead up to their own system of medicine or practice. Now, this can, and must be done. The county societies must become active and not be a dead letter. In addition the individual members must be more active in their attempts to reach the members of the legislature. Do not approach them from a narrow-minded standpoint. Be broad and liberal and insist positively upon the point of equal educational qualifications. Give the committee on legislation the power and funds to promote this end. Give them money enough to enable them to draft proper laws and substitute measures. If we go before the legislature and present a substitute bill, placing our side of the question in a straightforward and business like manner, they will readily see the rationale of it.

**Dr. Dowling Benjamin, of Camden.**—I would like the people, the physicians and all the officials in the State of New Jersey, who are watching us, to understand, at the outset, that the members of this society do *not* oppose any new school, or advance in the science of medicine, or any laws that are good. We should ask the Legislature, or more especially the State Board of Medical Examiners, that all who contemplate prac-

ticing medicine in this State be properly and thoroughly examined. We have already in 1890 had passed a law demanding that all regular physicians be examined and be qualified to practice medicine. This is, and should be, demanded of all practitioners, regardless of school or creed; and that is the law as it stands to-day, creating our State Medical Examining Board.

We do not oppose, as I said, any advance in medical science, any remedy or treatment that will cure disease. But there has never been a worse menace to the welfare and health of our citizens than attempting to license men to practice medicine as physicians who have not been qualified; as this attempt to pass Bill No. 92, known as the Osteopathic Bill is. For instance, how can your vital statistics be of any value if men who make these returns are not thoroughly qualified to make a diagnosis. (Reads from Bill 92 to show that no such qualifications are demanded by the bill.)

Now there is the greatest howl you ever heard, and it is claimed that we want to prevent somebody else from practicing. Nothing, however, could be further from the truth. We only wish to see that they are qualified before they are permitted to go to the bedside and take the responsibility of life and death. We want them to be able at least to go as far as the trained nurse, and administer such remedies in the way of drugs as the emergency demands. But Bill No. 92 forbids an osteopath from administering any drugs.

Why not better license a trained nurse to practice medicine? They not only have a knowledge of drug action, but have had years of training and lectures in the fundamental branches, physiology, chemistry and antiseptic surgery and so on. Talk about putting yourself in a straight jacket! This bill not only forbids the osteopath giving drugs and doing major surgery, but forbids us, or anyone else, from "practicing or attempting to practice" anything good that might be found in osteopathy under penalty of fine and imprisonment. What can intelligent men think of such legislation as that? We never attempt to limit medical science or practice, but the osteopath is attempting to tie it hand and foot. How is the community to be protected against contagious diseases? Oftentimes the best qualified physician has difficulty in making a diagnosis.

What is to become of our citizens if the first cases, or even any cases, of cerebro-spinal meningitis, smallpox, diphtheria or other contagious diseases fall into the hands of an osteopath, when unqualified in theory and practice to make prompt and correct returns to the board of health? This bill, you see, provides that osteopathic "physicians" shall have exactly the same footing that all other physicians have, except they are not to be examined by our medical examining board, and shall not be permitted to practice major surgery or give drugs. The laity, the people, cannot understand this, and are compelled to look to the legislature to protect them against ignorance, hypothetical practice and dogmatism. Under this bill the certificate to the board of health is worthless; under such conditions, epidemics must certainly spread. Why does the legislature demand that a man shall know enough to protect the community?

The practitioner should certainly be qualified to protect human life and prevent the spread of disease of a contagious nature.

Make all the laws for the sanitary protection of life worthless!

That is what you may be doing by allowing these men to practice medicine when they have not the necessary qualifications. (Reads.)

How are you to know what a patient dies of? How will this *affect life insurance companies*? How are we to know that the osteopath knows what Bright's disease is? Is it not necessary for him to know? He cannot give drugs according to this bill nor perform surgery, except it be minor surgery—a dangerous procedure on his part without the knowledge of drugs and anti-septics.

I hold in my hand Bill No. 92, which represents the wishes of the osteopaths.

The import of the bill does not seem to have been thoroughly understood by some of our legislators, for it passed the house and actually reached the senate before its dangerous provisions began to be realized.

We have reason to be proud of the intelligence that has characterized medical legislation in New Jersey in the past. A few errors have been made, owing entirely to the influence of interested persons; but on the whole, medical men throughout the country consider that our state has done well. We hope to continue to deserve that reputation.

We know, and the layman and the legislator know, that there are laws of nature. Every layman should understand that the practice of medicine is no theory, but is based upon the facts of the laws of nature, and that these laws hold good in medical science, just the same as in navigation, astronomy, mathematics, physiology, chemistry and pathology. Indeed, medical practice, therapeutics and surgery are based upon some of the foregoing sciences. A knowledge of these is absolutely necessary in the practice of medicine, as mathematics is in civil engineering. There can be no science but that which is based upon facts and demonstration. The practice of medicine must use all that is best wherever or under whatsoever name it may be found. There can be no two medical sciences, one differing from the other, except in the region of hypothesis and theory. But this difference exists only in the border land, which lies beyond the broad field of fact and demonstration, and is not entitled to the name of science while it lies over the border. Any practice that ignores the truths of science or excludes the great and beneficent discoveries of the ages must be irrational. No sane man will deny that a knowledge of pathology is essential to the treatment of disease; that a thorough knowledge of physiology is necessary to understand pathology and that anatomy and chemistry are both essential to an understanding of physiology. No sane man will deny that a knowledge of the action of poisons and drugs is essential, not only to treatment of disease, but to differentiate disease from drug effects and poisoning. No one can deny that medicine has certain effects, good or bad, according to the knowledge of him who uses it, that certain medicines will relieve and prevent pain, that medicine will cure many diseases that would certainly prove fatal without them. This truth no man can overthrow nor successfully contradict. That medicine will cure disease that would prove fatal without it can be proved a thousand times a day in the great hospitals of the world. Medicine will save lives when nothing else will; yet this osteopathic bill forbids the "doctor" to give it under any circumstances; but permits him to do surgery, a more dangerous procedure. There is more death and misery resulting from minor surgery than from

major surgery; for ninety-five per cent. of all surgery is minor surgery.

These facts are a part of the vast accumulation of facts which constitute the science and practice of medicine; yet we have the marvelous spectacle of men coming before our legislature and asking to be licensed to practice medicine (or as they adroitly put it "practice as physicians"), and at the same time asking to be forbidden by law to give any medicine under any circumstances, even a dose of salts, or an emetic, even in case of poisoning! They want the right to treat erysipelas, gangrene, smallpox, diphtheria and syphilis by manipulation! *without* medicine until the patient dies. They want to be permitted to do operations and amputations; but they want a law to permit—compel—them to let a patient bleed to death rather than to tie an internal blood vessel! One can scarcely believe anybody would ask for such legislation; but read the bill.

The very name Physician (from *physic*, a medicine, and *an*, one who uses) is entirely wrong in this bill.

An osteopath should not be wrongly labelled by the law so as to enable and encourage him to masquerade before the public as a full-fledged physician, giving him "all the rights and privileges" of a first-class doctor. The name osteopath (from *os*, bone, and *pathos*, disease) is adopted by this sect as expressive of its peculiar theory of the nature of disease, namely, that diseases are caused by our bones (the boneless animals are excluded) and are cured by manipulation and mechanical means exclusively, a theory that rests upon no proof. It is not the province of the lawmakers to determine medical "school" questions and brand a man *physician* who has not passed the State Board of Medical Examiners. Why should the osteopath demand, as he does in this bill, legislation to enable him to *escape* our State Board and pose before the community as a full-fledged and thoroughly qualified physician? (for the laity will so accept him).\*

This bill asks that an osteopathic board be established to examine them exclusively. Why in the name of common sense a *separate* board? The homeopath and the eclectic do not have it. They do not need it. Does the osteopath claim that there is a different kind of anatomy, chem-

\* This assertion is proven already, as the following clipping from a newspaper which came to hand while the above was being prepared for printing. The fact that this particular "Doctor" was also a criminal is, of course, only incidental.

Special Dispatch to The North American.

McKEESPORT, Pa., July 6.  
"If I ever promised to become the wife of Dr. W. W. Campbell, I have no knowledge whatever of it."

This is a part of the answer of Mrs. Breitenreiter, filed to-day, in the \$25,000 breach of promise suit of Dr. Campbell.

It is alleged by Dr. Campbell, who is an exponent of osteopathy and resided for a short time at the Breitenreiter home, that he and Mrs. Breitenreiter became engaged on May 4 1904.

In her answer Mrs. Breitenreiter says:

"Since the alleged promise to marry, the defendant has learned that the plaintiff is a man of dissolute habits and a heavy drinker. The defendant has further learned that plaintiff had been previously married, and deserted his wife without just cause.

"The plaintiff's income is not sufficient to properly support a wife. He is a man of violent temper, and called defendant vile names and threatened her life, and defendant does not deem plaintiff a fit person for her to marry."

Before a jury in Common Pleas Court, No. 2, of Allegheny county, the case will be tried.

Dr. W. W. Campbell came to McKeesport about two years ago from Cleveland, Ohio. Mrs. Breitenreiter has four grown children and is wealthy. She is a sister of Henry Hartman and a member of one of the oldest families of McKeesport, and probably the wealthiest. Her husband has been dead for a number of years.



istry, gynecology, obstetrics, pathology and diagnosis from that taught in all the great institutions of learning? This is perfectly absurd; no intelligent legislator or educated man could endorse such claims. It is a cunning scheme to escape a proper up-to-date examination.

If the osteopath is to be qualified in the seven fundamental branches of the art and science of medicine, why should not he be compelled, like the rest of us, to go before the State Board? If they claim to be "up" that is properly qualified in the fundamental branches, why did they not ask for a *representative* on the State Board to examine them according to their own method in the one branch, *treatment*? For they do claim this *treatment* to be different from all others. It would be just as reasonable to establish a Christian Science Board, or a Massage Board, and claim that its licentiates are *Physicians*. It is nothing less than a fraud upon the innocent citizen who is likely to call in the nearest "Doctor" in emergency or dire disease. It has been decided recently in one of our state courts that the osteopath is *not* a physician and therefore needs no license any more than a masseur or a nurse. Not entitled to write death certificates nor contagious disease notices. If that is to be the stand the state will take, well and good. But if this bill or anything like it is pushed at our next legislature, and the legislature be determined to legalize and license these osteopaths as physicians, then it is the duty—the urgent duty—of every man who has any regard for the welfare of humanity or the just claims of medical science to demand of our lawmakers that before receiving such license each applicant shall be examined in all the *fundamental* branches of medical science at least by our *State Board of Medical Examiners*. A man may take four years to learn to make a boot-jack. It is not the length of time, alone, that a man is supposed to study, but what he *knows* that makes him competent. There is trouble enough already, and no person should be legally authorized to write death certificates unless every possible precaution is taken to guarantee his competence. The reasons for this are obvious and imperative. Our state must demand at least such qualifications as the United States demands for its army medical service.

**Dr. Linn Emerson, of Orange.**—Gentlemen, it is action and not words, we want. We want the committee to be empowered to do something in this matter. It is the habit of our committee to go up to Trenton, but nothing is done. Gentleman, I repeat, it is *action* we want, and not words.

**Dr. E. L. B. Godfrey, of Camden.**—With regard to the question of osteopathy, I beg to state that two years ago suit was brought against Dr. E. M. Herring in the Monmouth County court for practicing osteopathy in this state. The defendant was convicted and fined in accordance with Section 8, of the present medical statute, Judge Heisley presiding. The verdict was appealed from and carried to the Supreme Court in which Judge Dixon reversed the decision of the Monmouth County court on a technical interpretation of the statute and, substantially, on the ground that the practice of osteopathy does not fall within the provisions of the present medical statute. An appeal was taken from the decision of the Supreme Court to the Court of Errors and Appeals, through the prosecutor of pleas of Mon-

mouth County in connection with the Attorney-General, and the Court of Errors affirmed the decision of the Supreme Court. It appears, therefore, that the present medical statute is not operative against the practice of osteopathy because of the claim that osteopaths use neither drugs nor the knife in the treatment of disease; that they are not physicians,—only manipulators or masseurs.

When the bill establishing a state board of osteopathic examiners was before the legislature last winter, it was opposed, as you know, by the committee on legislation and hygiene of this society. The committee succeeded in defeating the original bill in the senate committee to which it had been referred; but a substitute bill was subsequently introduced near the close of the session, adding three osteopaths to the state board of medical examiners. This substitute passed the senate with but two dissenting votes. The osteopaths, however, did not succeed in getting it through the house, notwithstanding the most strenuous efforts brought to bear upon the members through letters and personal solicitation, as is currently reported.

In any future legislative action affecting the people and profession of this state, I believe the president and executive officers of this society should be held chiefly responsible for its success or defeat. The president is, *ex-officio*, a member of the committee on legislation and hygiene and should summon, if necessary, every executive officer of the society to the assistance of this committee in matters affecting the people and entire profession of the state.

I heartily agree with the resolution of Dr. Halsey increasing the committee on legislation and hygiene by the appointment of one member from each county society. The committee on legislation and hygiene should operate as much as possible through the officers of this society and the members of the county medical societies. It will be comparatively easy to defeat any legislation hostile to the interests of the people and profession of this state if these methods are adopted. A wide experience in matters of this kind leads me to this conclusion.

**Dr. Philip Marvel (Closing).**—I have nothing further to add to what I have already stated. I wish to thank the members of the society for the many expressions of keen interest in the subject.

The National Association of Dairy and Food Improvement declares that 455,000 infants died last year from poison administered in impure foods.

A man in Pittsburg, after drinking ten glasses of whiskey in a contest was borne off to bed where he was found dead the next morning.

The movement for the multiplication of State medical journals has its advantages, but it is not entirely without disadvantages, not the least of which is the lack of any certain tenure of editorship. Journalism, and editorial work particularly, is just as much a profession in itself as is the practice of medicine, and it is essential that when a really good editor is found, he should have the assurance of a continuance of office.—*St. Louis Medical Review*.



## SOME USES OF ADRENALIN IN THE PERITONEAL CAVITY.\*

By Emery Marvel, M. D.,  
Atlantic City, N. J.

In this consideration the term adrenalin is used to designate the blood-pressure-raising principle of the suprarenal gland. Although there is some difference in the chemical composition of suprarenin of Fürth; epinephrin of Abel; and adrenalin of Takamine; there is little or no difference in their physiological action. <sup>(1)</sup> Adrenalin is prepared by Parke, Davis & Co., as adrenalin chloride and is found in the market in an aqueous solution of one part of the salt to one thousand parts water (1:1000).

Adrenalin stimulates the circulation in causing spastic contraction of the vessels by stimulating their walls; by stimulating the cardiac center; and by increasing the force of the heart muscle itself. <sup>(2)</sup> The most pronounced action, however, is shown upon the vessels. It is the most powerful vaso-motor constrictor known. When one drop of a solution of 1:1000 is applied to a serous surface, it bleaches the part in a fractional part of a minute. When applied to a bleeding surface, it promptly closes the capillary orifices and checks the bleeding. When infused into the system, its action is rapid, from two to five minutes; and likewise of short duration, ten to thirty minutes. When, however, repeated application of the drug is made the duration of its action is increased after each administration over the preceding one until, after several repetitions, the high vascular pressure is maintained without fall for a much longer period—perhaps an hour, and then very gradually falls. Due to its fleeting action it should be administered either at very frequent intervals or continuously. Crÿle <sup>(3)</sup> in his remarkable experiments found that the most certain results were obtained by slow, continuous infusion directly into the circulation through the veins. The important consideration in its application is to gain contact with the vessel walls. When local constriction is desired, it is best to apply the adrenalin direct to the parts; when blood-pressure is to be raised, the best results are reached by its action through the circulation. This should be reached either directly through a vein or through the medium which offers the minimum of resistance.

\*Read at the 139th meeting of the Medical Society of New Jersey.

In view of these considerations of the action of this agent, i. e., the blood pressure raising power and the vaso-motor constricting action; we find in the peritoneal cavity pathological conditions that especially invite its influence. Some of these conditions are slow local bleeding, such as is found when old adhesions are separated; exudative or plastic peritonitis, where the vessels are dilated and are leaking serum; and, in shock, when a general vaso-motor depression is present and an overfilling of the vessels, especially those in the abdomen, is consequent.

The peritoneum is a serous membrane which covers most of the abdominal organs and lines the cavity in which these organs are suspended. The area of its surface is nearly equal in extent to that of the skin covering the entire body. <sup>(4)</sup> Its surfaces cover more vascular walls than are found in all the other parts of the body combined. Many of the vessels lie superficially between the folds of two layers of this membrane, covered by only endothelial cells and stroma. These vessels are deficient in the muscular coating and consequently possess weak resistance. This large vascular area and diminished vaso-motor control especially favor the function of the peritoneum, which is exudative and absorptive. This membrane acts as a clearing house for the peritoneal cavity, giving to it what serum is needed, and taking from it the excess fluids and other undesirable materials.

The surface of the peritoneum is covered with endothelial cells loosely adjusted which permit the passage of serum, leucocytes and other blood elements and liquids and even granules. <sup>(4)</sup> This condition furnishes a free exudation when the peritoneum is irritated, and also permits equally free absorption from the peritoneal cavity into the blood and lymph channels. The absorptive power of the peritoneum is remarkable. Wegner <sup>(5)</sup> in the course of a number of experiments found that the peritoneum of a dog was able to absorb an amount of serum equal to one and three-tenths (1.3) of the body weight during the first hour. This capacity is undoubtedly diminished as time elapses. The absorption is carried on partly by the lymphatics and partly by the blood vessels. When it takes place through the lymphatics entrance to the blood stream is easily gained by way of the thoracic duct. This function of the peritoneum is of great importance when foreign substances, such as salt solution, are introduced into its cavity, and that it should enter the blood stream

is doubly important when therapeutic agents are thus introduced. Probably the most common pathological conditions which the surgeon encounters that have a special reference to the blood vessels and the circulation are shock, oozing, and the plastic exudate of acute peritonitis.

The essential phenomenon in shock is a diminution in blood pressure, the etiology of which is an exhausted vaso-motor center. The blood vessels are dilated, the current is retarded, and the blood accumulates where there is least resistance. The mesenteric vessels are deficient in vaso-motor support and are, therefore, not only the first to yield to vaso-motor depression, but are also competent of increasing their lumen to greater proportion than other vessels of the circulation. The result of this is that a very large proportion of the blood volume may accumulate in the cavities of these vessels, which has justified the expression "one can bleed to death in his own vessels."

To counteract shock then it is necessary to promote vaso-motor tone in order to reduce the lumen of the vessels and to force the blood on its course through the circulating channels. A vaso-motor stimulant is indicated. This is specifically met by adrenalin, due to its constricting action on the vessel walls, and its power of increasing the force of the heart. Infusion into a vein is perhaps the quickest and surest way for its administration when a new operation is required for its introduction. Should, however, the shock be coincident with an abdominal operation, the effect can then be more quickly and conveniently gained by introducing the solution of the drug into the peritoneal cavity. When introduced, it is diluted with warm normal salt solution, which distributes the agent over a greater vascular area, thereby increasing its local action, and also favoring more rapid absorption into the circulation. Due to its local constrictor action, it contracts the mesenteric and other vessels that lie intimately associated with the thin peritoneum; and by prompt absorption through the peritoneum is taken into the circulation. Experiments show that the drug should be infused continuously to obtain the best results. The absorption is retarded by the action of the drug itself (<sup>6</sup>) and it is, therefore, taken into the circulation at first rapidly, until the action of the drug is manifest, and then continuously by progressively slower absorption.

When shock is the result, wholly or part-

ly, of loss of blood, the introduction of adrenalin, diluted with normal salt solution, performs double duty—the salt solution replaces the lost fluid and the adrenalin stimulates the vaso-motors and the heart.

In the formation of adhesions new tissue is made and numerous small blood vessels are formed for its nourishment. To separate the approximated surfaces, when there are adhesions, necessitates tearing across the new formed vessels and leaves their openings bleeding. These bleeding points are too small and too numerous for the application of a ligature to each. The visible vessels are ligated but this fails to control the oozing from the small openings. When such a condition is encountered in the peritoneal cavity drainage is usually resorted to. The purpose of the drain is to carry off the blood that comes from the vessel openings. If the drain be successful in doing this there is not only reforming of the old adhesions, but new ones are invited around the tract which the drain occupies. Should the drain not succeed blood clot forms, which most frequently breaks down and becomes infected and carries with it all the embarrassments that an abscess in the peritoneal cavity occasions. The ideal treatment for this condition would be to check oozing; keep apart the separated surfaces; and secure the absorption of any residual blood elements. The styptic action of adrenalin conforms to the first of these requirements. The body of fluid, when kept in position, will keep apart the freshened surfaces; and the salt solution will dilute and keep in solution the blood elements, thereby aiding rapid absorption.

Acute peritonitis with a plastic exudate furnishes a similar condition to that which is found where adhesions are separated. Beneath the surface of the affected peritoneum are overcharged, dilated blood-vessels, and through the interstices of their walls, lymph, serum and leucocytes are expelled upon the endothelial surface. When the peritoneum is inspected during this process, it presents a sticky surface which easily attaches itself to any other surface with which it may come in contact. Although the exciting cause of this condition may be removed, the tendency is for the process to progress and form organized tissue fastening together all surfaces opposed to the diseased area. This condition is frequently found in suppurating appendicitis; acute purulent salpingitis; suppurating cholangitis; perforation of the intestine or any of the abdominal viscera. Besides the discom-

fort and inconvenience that a patient may suffer from these adhesions, intestinal obstruction is not an infrequent sequela. It behooves us therefore, to exercise any means that promise prophylaxis from such end results. To remove this sticky exudate, keep the threatened surfaces apart, and to check further transudation would seem to be especially desirable. The exudate, if not organized, is dissolved by normal salt solution and can, with it, be absorbed; the fluid salt-solution gravitates between the surfaces and may keep them apart; adrenalin constricts the blood vessels, forcing the excess blood from the parts, and by closing the interstitial spaces prevents further exudation.

I have found the use of adrenalin in warm normal salt solution of apparent considerable benefit, where old adhesions have been separated, in controlling the oozing and in preventing or limiting the formation of adhesions from acute exudative peritonitis, or the forming of new adhesions when the old ones are separated.

I say apparent, for my practice of this method has been limited to human abdomens, and fortune has so favored us as to neither give us the opportunity of inspecting the result at a post-mortem examination, nor, with one exception, at an ante-mortem examination by a subsequent operation. This exception is worthy of report. It was that of an operation for the correction of ventral hernia which was subsequent to the separation of a mass of adherent intestines. The mass included about ten feet of small intestine, the cæcum and the omentum. Eight weeks previous to separating the intestinal adhesions a suppurating appendix had been removed. The peritoneal surface adjacent to the appendix, was sticky and red. As the appendix was not perforated, the abdomen was closed after its removal. Intestinal obstruction prompted the second operation. The obstruction was due to adhesions which bound tightly together two S-shaped folds of intestine. When freed, all the separated surfaces were oozing; and in separating the parts the serous covering was detached in seven places, a perforation occurring in one. The whole condition promised an immediate reforming of all the adhesions as soon as the intestines were replaced. We washed the exposed intestines with salt solution and replaced them in the abdomen. We then introduced one quart of normal salt solution, carrying one fluid drachm of adrenalin, into the peritoneal cavity. An attempt was made to apply the solution to the separated surfaces, leaving

it in contact until absorbed. The patient was in an extreme condition. The adrenalin-salt solution promoted reaction from the shock and served to protect the parts from adhesions. The patient changed his position from side to side from the time he left the operating table. The recovery was uninterrupted excepting for a stitch abscess. A ventral hernia formed in the primary scar and was operated upon six months later. The opening of the abdomen gave occasion to inspect the intestines; the adhesions were few, and those present consisted of thin bands. Two illustrations were made of this view by an artist at the time, which compare most favorably with another illustration showing the condition of the intestines when the obstruction was present.

It has been my practice for the past two years to apply adrenalin to the surface and leave it free in the peritoneal cavity when there is acute inflammation with exudate, or when raw surfaces are present which are likely to be left exposed. The method which I have used is to dilute the adrenalin with warm normal salt solution—one fluid drachm of the adrenalin to one or two pints of the saline solution, depending upon the quantity that may be required. Dilution is desirable to modify the action of the drug; to favor more prolonged influence of its action (it requires a longer time for a pint of fluid to be absorbed than for a drachm); and to give fluid to the arteries. Salt solution is selected because it is chemically the most compatible with adrenalin; it is least irritating to the tissues; it is the best solvent of a serous exudate; it is the most easily absorbed of fluids and, when absorbed, is most easily mixed with the blood.

The lethal dose of adrenalin for man has never been observed so far as we are able to ascertain. The physiological limit has not been determined. Barr (7) introduced two fluid drachms into the peritoneal cavity in a case of ascites and claimed to have observed benefit from its use. We have introduced one fluid drachm both into the veins and into the peritoneal cavity and have never observed any unfavorable effect, unless the development of subcutaneous hemorrhages in one case might be attributed to its use.

Those conditions in which we have used adrenalin through the peritoneum are those in which marked circulatory depression was evident during the time or before the peritoneum was open; those in which there was peritoneal oozing; and in those cases where acute peritonitis was present. This experi-



ence has included twenty-eight cases. Three of this number were suffering from great loss of blood, the result of the rupture of a pregnant tube. One in particular had no perceptible radial pulse, and showed marked air hunger. Recovery took place in each.

Some experimental work with animals has been done, and at present is being carried out to determine the success of this means of preventing peritoneal adhesions. The observations so far do not justify a report.

As a result of these considerations and observations my conclusions are:

1. Adrenalin can be safely used in the peritoneal cavity.
2. When shock or depression exists, while the peritoneum is open, it offers the most convenient and as effectual a means as by intra-venous infusion.
3. It controls peritoneal oozing.
4. It prevents the formation of peritoneal adhesions, and lessens the number of those reforming.

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#### DISCUSSION.

**Dr. Harry Vaughan, of Morristown:**—I would like to ask in case of recurrence of the hemorrhage after the use of this agent, how long does its effect last? In operations on the nose and throat and other parts of the body we are told to discontinue its use gradually. We cannot break it off at once because of the danger of recurrent hemorrhage.

**Dr. R. C. Newton, of Montclair:**—This is indeed an advance if Dr. Marvel has proven that the use of this drug in the abdominal cavity is of such value as he claims. The physiological action of adrenalin is largely unknown as yet, and we are warned that we should not use it on the mucous membranes of the nose or throat when bleeding, because of the danger of subsequent hemorrhage. It has been asserted that if it is used internally for a long time, arterio-sclerosis may result because of the irritation that it exerts upon the coats of the arteries. This is a point that requires further study. I have used it recently in a case of gastric ulcer and also in cirrhosis of the liver and its action seemed to be beneficial. When I saw in some medical journal that this agent would produce arterio-sclerosis I thought it was time to stop its use in the latter case. I think the paper of Dr. Marvel is a very valuable contribution to the subject.

**Dr. N. L. Wilson, of Elizabeth:**—with regard to the hemorrhage following the use of adrenalin. I have used it largely in nose and throat work and I am free to say that I have never seen any more hemorrhage than would have occurred

without its use. I know that some men say that as soon as its effect has passed away there is increased blood supply and hemorrhage is apt to occur; but that is not my experience.

**Dr. Linn Emerson, of Orange:**—I wish to corroborate all that Dr. Wilson has stated.

**Dr. Wells P. Eagleton, of Newark:**—While I have used adrenalin very extensively and regard it as, next to cocaine, the most valuable of all remedies in special practice, I have had two unfortunate experiences with it, in one of which, however, it probably played no part. We all know that cases of cerebellar abscess frequently die suddenly. I was assisting at an operation on a man for cerebellar abscess. Adrenalin, to the extent of about one drachm of a 1-1000 solution, had been used when he suddenly expired. Death was due probably to the abscess, but how much it was influenced by the adrenalin of course cannot now and never will be determined.

In another case, operated on a few days ago for the removal of a polypus of the nose, the patient left my office without having lost a drop of blood. Forty minutes later he began to bleed and continued to do so for six hours, so profusely that a physician, Dr. Lawrence, of Summit, was compelled to pack his nose very firmly both anteriorly and posteriorly. The next day he was in such an exsanguinated condition that I kept him in bed in the eye and ear infirmary for three days.

**Dr. Walter B. Johnson, of Paterson:**—There will be hemorrhage after certain operations whether adrenalin is used or not. If adrenalin is used at the time of operation it certainly induces a very clear field. After operation, in cases where secondary hemorrhages occur they are not generally more excessive than the total hemorrhage would have been if adrenalin had not been used. It should be remembered that when cocaine was first introduced in ordinary or moderate doses as compared with those frequently used now, books, papers and articles were written as to its deleterious immediate effect. We have had fainting in operating before the use of local anesthetics. An agent that is used should not cause us to be alarmed at possibilities; it is well enough to be alarmed when we encounter certainties.

#### A STUDY OF THE PRESENT EPIDEMIC OF CEREBRO-SPINAL MENINGITIS.\*

By Frank Wilcox Pinneo, M. D., Newark, N. J.

This disease elicits our special interest and study for several reasons. Since 1887 it has been known to be due to a specific organism and yet our increased knowledge of its pathology has not served to reveal the secrets of its etiology, nor has medical science found a specific treatment; while variola and hydrophobia, on the one hand, (without discovery of the germ), and diphtheria and malaria on the other, have been

\* Read at the 139th annual meeting of the Medical Society of New Jersey.

worked out sufficiently, both etiologically and pathologically, to prevent transmission and to provide specific treatment for each. There are few infectious diseases in the face of which a physician feels less assurance of results than in cerebro-spinal meningitis. Finally, we are experiencing an epidemic with its unusual opportunities for work.

There are many varieties of meningitis. Excluding those of the dura mater (pachymeningitis) those of the pia mater (leptomeningitis) may be grouped according to their association with other conditions: as, acute fevers, injury to the bones of the head, otitis media, &c., or as a primary disease. A bacteriological classification in four groups is more distinctive. We find:

- 1st. A streptococcus meningitis.
- 2nd. A pneumococcus meningitis.
- 3d. A tuberculous meningitis.
- 4th. Epidemic cerebro-spinal meningitis.

We are concerned only with the last. Musser gives place also to serous meningitis and meningismus. They would cover cases another author describes as having every symptom of meningitis, but without its lesions and bad prognosis. The present tendency to call the disease cerebro-spinal fever should be encouraged, especially if this cultivates the conception of it as a systemic infection and not a local inflammation.

*Definition.*—Cerebro-spinal fever, then, is an acute, infectious disease, occurring in epidemics and endemically, with sporadic cases at other times, characterized by severe systemic infection, pronounced cerebro-spinal symptoms and lesions, a variable course and prognosis, and always due to the diplococcus intracellularis meningitidis of Weichselbaum.

*History.*—Its identity was first made known by the French about 100 years ago. In our own land the first to carefully study it and record their observations were Danielson and Mann, who describe an epidemic at Medford, Mass., in 1806. Another, throughout Massachusetts in 1897 was accurately studied by Councilman, Mallory, and Wright, whose report, issued by the Massachusetts State Board of Health, is the "best single contribution on the subject made in America." All the epidemics recorded have been preceded by an increase in the number of sporadic cases (which are always occurring) and increase in the mortality, and followed by decrease in number of sporadic cases and decrease in the mortality. Meningitis being present in a given case

the prognosis may be said to be grave according to its place in the following scale of infections, the most hopeful coming first.

1. Diplococcus remote from an epidemic.
2. Diplococcus during an epidemic.
3. Pneumococcus.
4. Streptococcus.
5. Tubercle bacillus.

*Anatomy.*—It may be worth while to recall the anatomy of the meninges. The dura mater of the brain is continuous with that of the cord, but the spinal canal is lined with a separate periosteum, while the skull is not. Beneath the dura, separated from it by the sub-dural space, is the arachnoid membrane, smooth on the outside and in contact with the dura but not attached to it (except very slightly). The pia mater, which closely invests the brain and cord, is connected with the arachnoid by a delicate, lacelike tissue which ramifies in the sub-arachnoid space and which, along the posterior median fissure, has the form of a cribiform membrane connecting pia and arachnoid. Hence any meningitis is always a meningo-encephalitis in some degree because of this extensive connection of arachnoid and pia with brain; and also, it may be said, is cerebro-spinal in its extent. The sub-arachnoid space contains the cerebro-spinal fluid and is "The only hollow in the body normally containing an appreciable quantity of fluid." (Elsner). It is especially large below the body of the first lumbar vertebra, where the cord proper terminates, giving place to the cauda equina and filum terminale, and again at the base of the brain there are two considerable spaces, the anterior sub-arachnoid space between the two temporo-sphenoidal lobes, and the posterior, between the cerebellum above and the medulla oblongata below.

The cerebro-spinal fluid is contained in the sub-arachnoid space and is normally secreted with sufficient pressure to distend the arachnoid and practically obliterate the sub-dural space, making the sub-arachnoid space the one important fluid-containing cavity. This fluid is clear as water, alkaline, salty, contains albumen and a copper-reducing substance, coagulates spontaneously and has a specific gravity of 1.005-1.007. A communication exists between the general ventricular cavity of the brain and the sub-arachnoid space through the foramen of Magendie in the tela choroidea inferior (the roof of the fourth ventricle) at its inferior angle. Some authorities claim an additional similar foramen in the

angle of the lateral recess of the fourth ventricle on each side.

*Etiology.*—But little advance has been made in the present epidemic in the knowledge of the etiology of the disease. At first the tendency was to regard it as highly communicable, and classify it with the contagious diseases. But examination of its distribution shows it to be endemic and not traceable to other cases. The Newark Board of Health requires it to be reported in order to watch it and keep statistics about it, but does not placard the house. The New York Board of Health has a large map of their city with the location of every case marked on it. The appearance of the map shows an even distribution of the cases, as many (for the population) occurring in upper and more sparsely settled sections as in the crowded downtown districts; the somewhat greater number of cases on the lower east side being easily explained by the denser population there. No explanation for the appearance or reappearance of an epidemic anywhere has been made. Unhygienic public conditions probably have something to do with it. Its relation to the pneumococcus pneumoniae has been the subject of some study and we are reminded of the unusual prevalence of pneumonia in the winter before the present epidemic of meningitis began. Did pneumonia pave the way for meningitis? A graphic chart of several years of the mortality of both diseases in Massachusetts shows an increase in one at periods when the other decreased. Councilman implies that this raises the question of the correctness of the diagnosis. As to age, about half of the cases are in children and adolescents under 16 years old, and cases in subjects over 40 years of age are rare. In Boston, of 194 cases, 53% were 20 and under, 37% 21-40, 10% over 40. As to recurrence, Councilman found but five cases of second attack. Immunity against the disease offers an inviting field for study, and may be the pathway by which we shall in due time find a specific treatment. Much good work is being done on immunity and serum-therapy in other diseases, and the bare suggestion of any value in diphtheria antitoxin for meningitis was at once so eagerly received that the discovery of its uselessness is a disappointment.

The finding of the diplococcus of Weichselbaum in the nasal passages in health, and the presence of coryza as a symptom of meningitis, either as a prodrome or a complication, offer important suggestions for prophylaxis. Thomson (in "The Cerebro-

Spinal Fluid") says, of cases of the spontaneous escape of this fluid from the nose, that "The secretion was absolutely sterile" and confirmed in a remarkable manner the results of experiments reported to the Royal Medical and Surgical Society on May 28th, 1895, that nasal mucus is generally free from organisms, that it exerts an inhibitory action on their development, and that as a rule the interior of the healthy nose is absolutely sterile.

Lord reports finding the diplococcus meningitidis in a rhinitis (making but four cases in the literature accepted by him in which it has been undoubtedly found). This was the case of a physician in daily attendance at a throat clinic. Kiefer, after cultivating the diplococcus, suddenly acquired himself symptoms of a mild meningitis with purulent rhinitis. He found by culture the true germ in the nasal pus. Councilman, speaking of these (*Journal A. M. A.*, April 1, 1905), gives his opinion that primary meningitis may occur by infection from the nose through the lymphatics of the cribriform plate of the ethmoid, that on the other hand, "The many cases of nasal infection found in which the diagnosis is made on morphologic grounds should be thrown out, owing to the probability that the organism was confounded with the micrococcus catarrhalis, which it resembles in morphology and staining reaction. The differential diagnosis can only be made in cultures," and (elsewhere) "either this diplococcus is found in the nose or else other species identical in morphology are. It is impossible to regard the presence in the nose of a diplococcus decolorized by Gram as of much diagnostic value."

The appointment of a special commission of eight physicians in New York to study the present epidemic is hopeful of more knowledge about the disease, its etiology, bacteriology and treatment. They are using cards (a sample of which is here presented) to collect information about every case. No results have as yet been reached; or at least none are ready for publication.

*Pathology.*—Much of interest is being done in the pathology and bacteriology. The whole cerebro-spinal meninges are involved with also the underlying nervous tissue, both in its nervous elements and blood and lymph channels. The germ is always present. The exudation into the ventricles and sub-arachnoid space may be purulent, sero-purulent or fibrino-purulent and slightly, or very greatly, increased. The foramen of Magendie may be closed by the inflamma-



tion, explaining the occasional failure to evacuate much fluid on spinal puncture. Lesions in other parts are not at all significant or constant. The viscera show a systemic infection. The spleen is not usually enlarged. The complications show their ravages upon the eye, ear or nerves.

The life history of the germ is a subject of interest. It is easily killed on exposure to light and drying; is incapable of a saprophytic existence outside the body; degenerates in culture after 48 hours, and dies after eight days. The method of cultivation at the City Hospital, Newark, is to stain the smear and make a culture in Loeffler's blood serum. Dr. Connolly, bacteriologist to the hospital, calls attention to a helpful distinction between the germ and the gonococcus. The gonococcus, though having the same shape and being also intracellular is always *uniform* in size. A second and more important differentiation is in staining. Gonococcus does not decolorize by Gram's method. Weichselbaum's diplococcus does. Dr. Maher has reported (*Medical Record*, 1905, pg. 696), finding peculiar changes in the germ during its development in artificial media; that it went through forms resembling at one time the pneumococcus, and at another a yeast germ, that the individual cocci would apparently swell and become larger.

In a case of Dr. Whitehorne's the bacteriology was finely marked out by Dr. Hanan and shows the likeness and differences between the above germs. Here are Dr. Hanan's original drawings. They are marvels of pains-taking accuracy.

**Symptoms.**—These make a long list. They are systemic, spinal and cerebral. A few only are noteworthy here. Kernig's sign, while almost always present, only means that some kind of a meningitis is present. This is also true of the "tache cerebrale." The pulse, though often slow in proportion to the temperature, does not show any constancy but varies much in frequency and character during the progress of the case. Herpes is more constantly and extensively present than in any other infectious disease, even pneumonia (which comes second). This association recalls also some similar characters in the bacteria of the two diseases. The other skin eruptions, which gave the name "spotted fever", are present in not more than half the cases and have no prognostic importance—taken alone. Coryza is not common enough to explain the channel of infection as the nose. Opisthotonos, convulsions, and all the

signs of extreme sensitiveness to touch, movement, light and sound, as well as the facies and position of the patient are significant.

The complications are important. Paralysis of various kinds is common. The second, seventh and eighth nerves are often affected. Dr. Kipp says both ears are more often damaged than both eyes, that while the nerves of these organs may be involved by continuity, there are also cases in which the middle ear, as in an otitis media, or the choroid, as in a panophthalmitis, is involved by a metastatic process, and this may arise so early in the disease, that an otitis media has been known to be among the first symptoms of cerebro-spinal fever.

**Diagnosis.**—Councilman says, "With rare exceptions all cases of primary meningitis are due to the diplococcus of Weichselbaum," also that "The disease is more often not recognized when present than the reverse." Lumbar puncture is necessary to establish the diagnosis. Without this the whole complex of symptoms, including Kernig's sign, will not prove the infection. On piercing the membrane the fluid will flow under increased pressure, and, whether cloudy or not, will contain the diplococci. On planting in blood serum they will grow in twenty-four to forty-eight hours. (Tubercle bacilli take ten to fourteen days.) Early puncture is more likely to succeed than late. In the Massachusetts epidemic the average time of tapping, in the cases where it succeeded, was the seventh day. In the *Lancet* of April 22, 1905, Dr. Eve writes a most excellent article on puncture, presenting a variety of conditions in which it is of benefit not only for diagnosis but for treatment. It reduces excessive tension. The brain is washed by fresh secretion. The deranged circulation in the brain and cord, either hyperæmia from inflammation, or anæmia from the pressure of fluid, is rectified. Recovering a pink-colored fluid means hemorrhage from the needle. A spider-web clot means meningitis. No fluid means closure of the foramen of Magendie in more than one case. Microscopic examination, cytologic and bacteriologic, is of great value. He describes a simple manometer for measuring the fluid pressure, which should not be brought below the normal, 20-25 mm. Hg.

There have been sixty-one autopsies in the Massachusetts General and Boston City Hospitals on sporadic meningitis since the epidemic of seven years ago. The diplococcus of Weichselbaum was found in one-

third, and streptococci and pneumococci in most of the balance. It is added, "We have never had any cases due to the typhoid bacilli." Typhoid, as the only germ found in meningitis, is last reported by Staubli from Munich. "His ante and post-mortem refinements of diagnosis demonstrate beyond question that it may cause purulent meningitis. His illustrations add to the value of his report and make it convincing." Fritz in 1864 and Churchman in 1886 concluded that "Typhoid toxins must produce this mimicry of true meningitis."

*Treatment.*—The old methods of treatment included blood-letting, general or local, mercury, ice locally, opium in some form, especially advocated by Stillé, other cerebral and spinal sedatives, counter-irritation to the spine, ergot and many other drugs. Chloral, bromides, hyoscine, antipyrin, phenacetin, iodides, salicylates, morphine with atropine, are some of the remedies now used, besides enemata, hypodermoclysis, inunctions, spinal injections of antiseptics and attention to hygiene and diet. In 1894 Aufrecht announced success with hot baths. He gave them at about 105° for ten to fifteen minutes and repeated as often as indicated, especially in sub-normal temperatures and even in collapse. In 1895 Quinke, who has done much good work on meningitis, advocated lumbar puncture, and here began new progress in both diagnosis and treatment. There is no other one measure so uniformly commended by all physicians now, though not all use it, for both diagnosis and treatment. The puncture is usually made in the third lumbar space and enough fluid withdrawn (by its own pressure and never by aspiration) to reduce the pressure to normal. The benefit of this as a therapeutic measure is shown by quieting of delirium, improvement in coma, relief of headache and other pressure symptoms. Under the aseptic precautions, which of course should be observed, the procedure is so beneficial and so free from risk that it ought to be done "as freely as paracentesis of abdomen or thorax." If Delafield's reasoning about tapping the thorax for pleurisy, that it not only removes the fluid but relieves the inflammation, applies to the spinal canal, we may do lumbar puncture fearlessly and frequently with confidence that it is good not only for relieving pressure, but also for the inflammation. There is this radical difference: Pleurisy is a local inflammation, while cerebro-spinal fever is a systemic infection. As local treatment, in connection with lumbar puncture, the injection of anti-

septics into the sub-arachnoid space has been tried, but without much benefit, as it is evident that we have more than a local infection to deal with. The solutions most used are 1 per cent. lysol (3-12 cc. according to age), 10 per cent. lysol, carbolic acid, corrosive sublimate, iodine. Stockton (at the New York State Society, January, 1905) summarizes the best plan of treatment in seven items: hygiene (notably fresh air), absolute quiet, hot baths, lumbar puncture, antipyrin for headache, opium, mercury. In the last issue of the *Medical Record* (June 17) Dr. Seibert reports with complete conviction, the value of sodium-salicylate in large doses by rectum in five cases with recovery. In one of these diphtheria antitoxin was injected once also. Lumbar puncture was not made and hence the diagnosis was not bacteriological, but the clinical picture is said to have been sufficient in each case. The claim here is for administering enough salicylate, which would be impossible by mouth. In a personal communication Dr. A. M. Shradly records another case—nine years old—similar to the above in symptoms and diagnosis, which made a perfect recovery on salicylic acid (10 grains in soda solution twice daily) plus hot baths. Another plan, just coming to the front and being used at Presbyterian and Bellevue Hospitals, New York, resorts to hygiene and general measures only—notably fresh air, in one case in open wards, in the other, in tents. Dr. Huber (*Archives of Pediatrics*, February, 1905) reports on the treatment followed at Gouverneur, Beth Israel and Roosevelt Hospitals. The various plans tried have been already mentioned above. Ergot is a favorite drug with some, as ergotin hypodermatically, or fluid extract, or solid extract. Dr. Chase (*Brooklyn Medical Journal*, November, 1904) reports ten cases so treated, of which seven recovered, two died, one improved. Dr. Livingstone at the American Medical Association meeting at Atlantic City in 1904 read an enthusiastic paper on the value of ergot in deranged tone of the arterial system, especially in cerebral and spinal diseases. Dr. Agatston (*New York Medical Journal*, February 4, 1905) reports cure of a boy of sixteen after five weeks of prodromal symptoms, by spinal puncture only. The diplococcus of Weichselbaum was found in smear and by culture; the cerebro-spinal fluid was "thick with pus." Thirty-five cc. were withdrawn at one time. Recovery was complete.

In January, 1905, Dr. Wolff, bacteriologist to the Board of Health, Hartford,



Conn., announced a discovery of "antagonism between the Klebs-Loeffler bacillus and the diplococcus intracellularis meningitidis". Dr. Waitzfelder during February and March, at Gouverneur Hospital, N. Y., used diphtheria antitoxin, injecting 6,000-10,000 units (larger doses than in diphtheria) and repeated. He reported (*Medical Record*, March 11, 1905) 17 cases, of which 5 recovered, 3 died, 5 improved and 4 were not improved. "Not a single bad symptom developed in consequence". Additional treatment was lumbar puncture. He felt that the results were "sufficiently encouraging to continue", in view of there being no treatment promising anything better. The mortality under this plan shows no improvement over other plans of treatment, yet in view of its harmlessness and the hope of finding a specific it was encouraged. It at least fulfilled one fundamental dictum of Hippocrates, who said, "The drug must do no harm". Drs. Peabody and Jacobi, at Roosevelt Hospital, tried it in 22 cases, all giving the bacteriological diagnosis but one. The patients were young and received treatment early. 1,200-15,000 units of antitoxin were given, up to six doses, by spinal injection and hypodermatically. No untoward symptoms followed, except an urticaria. Eleven died, 4 recovered, 7 remained unimproved and with bad prognosis, making a mortality of over 50%. Dr. Peabody concludes, saying: "Empirical therapeutics, though sometimes needful, compel the mortifying acknowledgment that we have added only chaff and not a single kernel to our inherited store of knowledge".—(*Medical Record*, May 13, 1905).

Another report on antitoxin comes in a personal communication from Dr. F. D. Gray. He says: "Referring to the use of diphtheria antitoxin, I would say that in two cases which I saw in consultation during the past winter, it was used and both recovered after a prolonged, severe illness. In one case, lad of 16, with pronounced nerve symptoms, delirium, some involvement of brain, very high temperature (106 at times) 60,000 units were injected within the first five days with amelioration of the symptoms. During this period I performed spinal puncture three times, withdrawing from one-half to one ounce of fluid on the several occasions. The first specimen was turbid and acid, the last was clear and alkaline, a condition which I believe the advocates of antitoxin claim should be attained. In two or three other cases where I used spinal puncture without antitoxin the patients did

not recover. The other case, of antitoxin treatment only, had 30,000 units during the first three days, when the mother became prejudiced and refused to permit its further use. This case was a girl of 15 and the most severe case I ever saw recover. After discontinuing the antitoxin she became blind and deaf, also had partial paralysis of lower extremities, very delirious, &c. The chief treatment after the first three days was opium. She made a slow convalescence. Sight is now good, hearing poor but improving and the paralysis in the legs nearly gone. Personally, I do not think anything positive has been proved regarding the remedial use of diphtheria antitoxin in this disease. At the same time, owing to the negative state of our therapy I should continue to use it in connection with the fresh air. &c."

*Prognosis.*—Hirsch finds from the literature that the mortality varies all the way from 20 to 75% in different epidemics. That in Boston, in the last epidemic was 65%. Newark has had 83 cases since April 30, when the Board of Health ordered the reporting of the disease, and 55 deaths (to June 18th), but not sufficient time has elapsed to establish a death rate. From Germany a report of sporadic cases makes the rate 33%, and another from Ziemsen's clinic as low as 20%. The prognosis is better in sporadic cases remote from an epidemic, and better than in meningitis from other infections.

*Summarizing the present status.*—

1. Cerebro-spinal fever is always due to the diplococcus intracellularis meningitidis of Weichselbaum.
2. Primary meningitis, whether epidemic or sporadic, is due to this infection.
3. The channel of its entrance into the organism is unknown.
4. Lumbar puncture is the best and the only certain means of diagnosis.
5. There is no specific treatment.
6. Diphtheria antitoxin is useless.
7. In treatment, the means most used are, first, careful attention to hygiene (including much fresh air) and feeding the patient; then lumbar puncture, hot baths and opium.

As the treatment is mainly symptomatic, many other drugs and measures have their advocates.

Thanks are cordially expressed for assistance, for literature, or for use of clinical material in the preparation of this paper to the following: Drs. Kipp, E. J. Ill, Disbrow, Newton, Chambers, F. D. Gray, Whitehorne, Hanan, Dougherty, Kent, Underwood, Gauch, Poor, A. W. Shradly, Sumner,



Flexner, James, Eagleton, Connolly, McEwen, Herold and the Newark Board of Health, Darlington and the New York Board of Health, all the house staff of the Newark City Hospital, and the librarian of the New York Academy of Medicine.

#### DISCUSSION.

##### Dr. George E. McLaughlin, of Jersey City.—

I have but a few words to add. The paper is one that has covered the ground so thoroughly and in such a comprehensive manner that not much is left to say regarding this disease. It is true, though, that there are many who do not regard the condition as contagious, or communicable. The infectious agent is found in the nasal secretions and in the fluids in otitis media and this seems to be the origin of the disease. Until further knowledge of the means of communicability from one individual to another has been obtained we should regard this disease as infectious and use the methods at hand, such as quarantine, that are used for the prevention of other infectious diseases. The treatment by lumbar puncture is highly advocated by most authorities and in a recent paper I was very much interested by reading the results which the author had obtained in forty-five personal cases treated by lumbar puncture, where he withdrew from 30 to 40 c. c. during the course of the disease.

**Dr. R. C. Newton, of Montclair.**—I will confine my remarks to the prophylaxis and treatment of this disease.

First prophylaxis:—Many excellent observers believe that the germ is taken into the nasal passages and thence gains access to the cranial cavity, through the lymph and blood circulation at the base of the brain, and particularly the cribriform plate of the ethmoid bone. Acting on this theory the intranasal use of germicides as a prophylactic measure has been suggested. A simple saturated solution of boric acid, sprayed into the nasal passages twice a day, the throat being treated with the same solution, has been thought to be sufficient so far as concerns means that may safely be put into the hands of the public.

Jacobi has said "The modern progress of our acquaintance with the etiology of infectious diseases adds to our preventive, not yet to our curative powers." Some one else has said that the useful person to be in the control of this disease is the sanitarian and not the therapist. With a general mortality of about 65 to 70% (the largest number of fatal cases occurring in the first week) the main problem is one of prevention rather than cure.

"Councilman urges a careful study of the sporadic instances. He shows that the meningo-coccus, like the pneumo-coccus, is always with us and the reasons for the increased virulence of the former at certain times is, as in the case of the latter, still a problem for the pathologist."

Our main hope is, of course, in prophylaxis. As the coccus does not seem capable of saprophytic existence and is of low vitality, succumbing quickly to light, heat and dessication, it would seem that Councilman's contention that without the sporadic cases epidemics can not occur, is well founded. So far as we know any extended series of prophylactic measures against the spread of this disease have not been instituted, but their reasonableness and the ease with which they can be carried out by the method already suggested,

surely ought to lead to their adoption. In the matter of oral prophylaxis Norton's suggestion (*Journal Medical Society of New Jersey*, June 1905), that the teeth and gums should be cleansed daily with a mild antiseptic, alkaline solution as a matter of routine is also germane (This to be followed by gargling and rinsing the mouth).

Meningitis resembles pneumonia in its preference for the winter and spring months and for over-crowded and unsanitary surroundings and may in certain cases at least be caused by the same organism. Whether the prophylaxis against these two terrible scourges of mankind will ever reach the point of actual prevention seems now at least doubtful. But let us not forget the reassuring prophecy of the great father of the modern science of bacteriology, Pasteur, who has said "C'est dans le pouvoir humain de faire disparaître du monde tous les maladies parasitaires."

Turning now to the curative treatment, we find a mass of matter laid down in the books. Opium has, of course, its advocates and its opponents. In some cases at least, it seems to be indicated as our surest means for combating the pain and restlessness, and in some cases it has served a good purpose. Bromide and chloral, our old standbys, have been extensively used per os and per rectum. Hyoscyamus and cannabis indica have been added to the list, and the coal tar products to allay headache have certainly done much good in selected cases. Iodide of potash is strongly recommended in some text books and has been extensively used. In fulminant cases its employment is useless; but this remark applies to practically nearly all remedies.

Dr. Whitehorne, of Verona, recently reported a case which recovered after repeated doses of the iodide. Lumbar puncture had been performed and the diagnosis confirmed. In the discussion of Dr. Whitehorne's paper, Dr. Brown, of Montclair, reported a favorable result from the use of salicylate of soda. Seibert, of New York, reports four favorable results from the use of this drug. His method of application is by the rectum, gr. 15 in a half ounce of water every 1, 2, 3-6 hours, p. r. n. to be preceded by a large watery enema once daily. One of his cases, a boy of  $4\frac{3}{4}$  years, received 750 gr. in 9 days, and 555 gr. subsequently. In another case 420 gr. were administered in a week. As he remarks the reason for the failure of previous treatment with this drug lies in the small doses. Certainly if one may judge from four cases his results are encouraging. Diphtheria anti-toxin has been somewhat extensively tried. In its use also small doses are of no avail. The serum must be pushed. Gray gives a favorable case in which 60,000 units had been administered and another in which, after 30,000 had been given, the medication was suspended at the mother's request. In Waitzfelder's paper in the *Record* of March 11th, 17 cases are given, treated in the Gouverneur Hospital, with 5 complete recoveries, 3 deaths, 5 with marked improvement and 4 doubtful at the time of writing. The first case received 6,000 units; the second 16,000; the third 48,000; the fourth 32,000; the fifth 88,000; the sixth got 7 injections; the seventh 60,000 units; the eighth 20,000; the ninth 24,000; the tenth 38,000, followed by a profuse general rash which disappeared in 48 hours. The patient, aged 22, however, died. Case 11 received 40,000 units. Case 12, 30,000, the patient died. Case 13 received 88,000 units, the patient aged 19 apparently was dying of asthenia. Case 14 received 40,000 units.

Case 15, 57,000. Case 16, 24,000. Case 17, a child aged four, which died, received 14,000 units. The doses given were as follows: 6,000 units to children under 5; 8,000 to those between 5 and 12; and 10,000 to adults. Injected under the scapula on alternate days.

Kallmeyer's advice as to the treatment of this disease has been quoted in recent cable dispatches. He states that mercury, quinin, venesection and narcotics have proved ineffectual. A purgative dose of calomel may be useful at first, but after this enemata are preferable, if necessary. The internal or better still, the subcutaneous administration of arsenic is useful and harmless. It should be commenced the moment the disease is recognized. The doses should progressively increase, and slight fever is not a contraindication. The heart should be stimulated with camphor injections, and great attention should be paid to a suitable and strengthening diet. The main reliance should be on warm baths, at a temperature of about 93 degrees F., with douches of water at a temperature of about 90 degrees F. These baths should be commenced as early as possible in the disease, but not repeated, as a rule, oftener than once a day. Four attendants stand at the four corners of the bed and lift the patient by taking hold of the corners of the under sheet and lifting it with the patient into the bath tub. He remains in the bath for from eight to fifteen minutes, suspended in the sheet, and is then replaced in bed in the same way. Kallmeyer has thus treated and cured two very severe cases of the epidemic variety and a number of sporadic cases.

Restricting the baths to one a day is not in accordance with the advice of others who use 3 or 4 daily in severe cases and prolong them to  $\frac{3}{4}$  of an hour when this seems advisable.

That lumbar puncture has nothing more than a palliative action now seems established.

I quote an editorial from the *Medical Record* of recent date:

"There are two modes of treatment, not to mention the recently suggested use of diphtheria antitoxin, which stand out prominently, although testimony as to their merits is inconclusive and statistics bearing on the subject are meagre to a degree. The first of these is lumbar puncture, and the other method of treatment is by means of hot baths.

"In Allbutt's 'System of Medicine' no mention is made of the hot bath treatment of cerebro-spinal meningitis, although bleeding, cold applications, emetics, and mercurialization are all referred to more or less approvingly. Netter, in the 'Twentieth Century Practice of Medicine,' in a short notice of hot baths as a remedy for the disease, highly lauds the method. He states that such baths are usually repeated four or five times a day, the immersion being prolonged from one-half to three-quarters of an hour.

"The *Albany Medical Annals* for March, 1905, is given up to a consideration of cerebro-spinal meningitis from various aspects, the papers being contributed by men well qualified to pass authoritative opinions. Dr. Stockton, of Buffalo, discusses treatment and reviews at some length the literature dealing with hot baths. Some of the writers he quotes are highly eulogistic of this mode of treatment, some are more reserved in their expressions of commendation, while some are openly sceptical as to its value. On the whole, however, the majority are in favor of this form of treatment. Aufrecht, in 1894, initiated

the hot bath as a means of treating cerebro-spinal meningitis, and announced excellent results. By far the most enthusiastic testimony, however, as to their beneficial effects comes from Russia. According to *Modern Medicine* for October, 1904, M. Rogansky has recently published the remarkable results of his employment of Aufrecht's method for a period of five years. During this time fifty-one patients were under treatment in the women's wards. Hot baths at 104° F. were administered for fifteen or twenty minutes once or twice a day. The precaution was taken to apply an ice-bag to the head of the patient during the bath. In his paper the author particularly emphasizes the wonderful effect of hot baths on patients admitted in a subdelirious condition. Most of them recovered consciousness as a result of the first bath, even patients who had been delirious for two or three days. In a few cases consciousness was not restored until after the third bath, but in those cases in which consciousness did not return immediately, restlessness and delirium were diminished or disappeared entirely. Pain was always relieved, even in fatal cases, but the influence of the treatment on temperature, vomiting, and cervical rigidity was not so marked. Of these fifty-one patients thirty-four were cured and seventeen died, giving a mortality of 33 per cent. In the men's ward, with fifty patients upon whom the method was not tried, forty deaths occurred, a mortality of 80 per cent.

"A comparison of these figures offers testimony to the efficacy of the treatment, and it suggests the expediency of adopting the hot-bath treatment of cerebro-spinal meningitis as a routine measure. At any rate, the treatment is worthy of close investigation at the hands of physicians in the epidemic now raging in New York and elsewhere in the country."

I quote from another source:

"At a meeting of the New York Cerebro-spinal Meningitis Commission on May 5, attention was called to the benefit derived from the free admission of sunlight into the sick room. It was admitted that the best treatment for the disease was plenty of fresh air. From all experience no benefit had been derived from the use of any serum or antitoxin. Further experiments will be carried out with these agents."

Dr. St John reports three cases successfully treated by tartar emetic in the Hackensack Hospital in his own service and that of Dr. Conrad. The doses were for adults one-eighth of a grain every two hours. For children a proportionate amount. The same therapy has been successfully used in that hospital for tetanus. Dr. St. John intends to report these cases in detail at some future time.

What then shall we conclude is the proper course to pursue in a case of this disease?

Personally I should recommend the hot baths, salicylate of soda by rectum, bromide and chloral to quiet the pain and restlessness, lumbar puncture to relieve the pressure symptoms, if urgent, and to confirm the diagnosis, plenty of sun light and fresh air, bandaging the eyes, if photophobia be present, and in any case, not allowing the bright light to fall upon the retina, ice to the head, and perhaps sinapisms to the spine and extremities, and heat to the feet, when indicated. The alimentary tract to be kept free. Nourishing food in appropriate quantities. A great plenty of water to drink. Perfect quiet and seclusion and handling the patient just as little as possible.



**Dr. Aaron K. Baldwin, of Newark.**—I desire to present the following limited report of twenty-four cases:

Twenty-four cases of "spotted fever" were treated at the Newark City Hospital from January 5th, 1905, to this date, (June 21st, 1905). They were from eight months to thirty-five years of age. Thirteen have died, 5 recovered; and 6 remain in hospital. Two of these will die and 4 will probably recover; making 15 deaths and 9 recoveries. The four convalescing cases, now in the hospital, have been benefited by the warm weather of May and June and are of lighter character than their predecessors, as they came later in the epidemic, following the rule of all epidemics of contagious disease. No new case has been received at the hospital in five weeks. The diagnosis was established in every case by Kernig's test and by the microscopic examination, which revealed the presence of the characteristic diplococcus intra-cellularis meningitidis. The following symptoms were noted: Occipital headache, opisthotonos, delirium (mild and maniacal) in 20 cases; stupor and coma in 17 cases; emesis and photophobia in 15 cases; herpes, especially on the upper lip, in 14 cases; irregularity of the pupils in 9 cases; marginal conjunctivitis in 8 cases; convulsions in 3 cases; petechiæ (hemorrhagic) in 2 cases; deafness (partial, 1; total, 1) in 2 cases; nystagmus in 1 case; wrist and ankle drop in 1 case. In most of the patients there were mental sluggishness, hyperæsthesia, increased reflexes, muscular rigidity, twitching, cramps, curvature of the spine, constipation and scaphoid belly. The pulse, respiration and temperature were not in unison. There were no albuminuria, uremia, arthritis, previous or existing pneumonia or any other complication except those mentioned above.

The post-mortem findings showed:—Emaciation, rigor-mortis, soon after death, thickened and infiltrated cerebral and spinal meninges covered with fibrinous exudate, increased amount of turbid serum distending the ventricles and spinal canal, oedematous brain (wet brain). In the general management of these cases, they were quarantined, the nurses, other attendants and doctors, when on duty wore sterilized gowns and carbolized gauze over mouth and nostrils to prevent the germs from traveling to the cribriform plates of the ethmoid bone and from thence to the meninges and so introducing the infection. The disease having been looked upon as possibly contagious. In the treatment warm baths were given several times daily. The ice-bag gave temporary relief to some patients. So also lumbar puncture at first but later the symptoms were aggravated thereby. Deep hypodermic injections of diphtheria-antitoxin and of a two per cent. solution of carbolic acid were used and did harm. Iodide of potash, the salicylates and gelseminum were tried and found to be useless. Ergot and ergotole were beneficial in a few cases, but were by no means absolutely reliable in all in which they were used. Hyoscine, the bromides and morphine acted as calmatives and helped somewhat in all cases. It is worthy of note that the last six cases have had little medicine, or none whatever, administered and they seemed to have done quite as well without it; reliance having been placed upon careful nursing, fresh air, warm baths, ice-bags and carefully selected nutritious food.

**Dr. William M. Leszynsky, of New York.**—

I am very glad that I have been given an opportunity of listening to the paper and discussion on cerebro-spinal meningitis. In my hospital service I have seen fifty cases, in children and adults, and many others in consultation. I think that a large number of the cases that have been registered in the Board of Health as cerebro-spinal meningitis have not been correctly diagnosed. Many physicians, when they see a child with a slight retraction of the head, with fever, register the case as one of cerebro-spinal meningitis.

So far as the types of the disease are concerned I think I have seen all the types in New York City. The matter of type is entirely influenced by the degree of the infection and the individual peculiarities.

We have heard so much about lumbar puncture that many look upon it as being harmless. It is an easy thing to do in children, but it is rather difficult at times in adults. The man who withdraws a large amount of fluid at the first puncture is doing a dangerous thing and deaths have been reported resulting from this. One gentleman has stated that 50 c. c. of fluid were withdrawn the first time and he was surprised at the collapse and death of the patient. The first puncture should be only for purposes of diagnosis and it is not necessary to remove more than a few c. c. After this one may withdraw large amounts from time to time.

As to the prognosis, I hardly think it fair to either the patient or the physician to give a prognosis in the early period of this disease. We have seen patients presenting violent symptoms of the disease recover at the end of a week without any sequellæ whatever. These are the so-called abortive cases. I have seen three or four of them. Again we see the mild type that dies within three or four weeks. Therefore, I do not think it safe to make a prognosis at any time. Patients may be getting along well and, in a few days, have an exacerbation and death follows.

As to the treatment, I agree that it is not wise for anyone to claim that he has a successful form of treatment when recovery follows the use of agents like tartar emetic, ergot, antitoxin, etc. Such statements are misleading. I have tried almost everything that has been advocated, and I have come to the conclusion that the most important feature in the treatment is fresh air, and an abundance of it, careful nursing and suitable diet. Usually I place the patient in the open air. I consider ergot of extreme value as a symptomatic remedy and use it subcutaneously in the form of an aqueous solution. I have used ergot in this manner during the last two years and it often takes, satisfactorily, the place of morphine. It makes the patient more comfortable and relieves the irritability to a certain extent. I know, however, of no cure-all, or specific remedy. It is good nursing and feeding that are of particular value.

**Dr. John C. Johnson, of Blairstown.**—At Blairstown and Stillwater we have had eight or ten cases of cerebro-spinal meningitis, and all occurred during the closing months of the winter, with only one recovery. The attacks were so severe that one might say that they began to die almost as soon as they were taken with the disease. With regard to the age, the cases in Stillwater differed somewhat from the statement made by Dr. Pinneo. A mother, 56 years of age, was taken with this disease and died in a few



days. Her sister, 53 years old, and a little later, her sister-in-law, aged 71 years, both of whom had officiated in the preparation of the body for the funeral, took the disease. They soon became comatose and died in a few days. A grandchild in the family also died within five or six days. All this is strong evidence of the infectiousness of the disease.

**Dr. Simon Baruch, of New York.**—The treatment of cerebro-spinal meningitis must be empirical at present. Many years ago, shortly after the introduction of salicylic acid, I had a case of cerebro-spinal meningitis at the New York Juvenile Asylum, with all the manifestations of the disease, a temperature of 110° F. at one time and, at another time, 96° F. I treated this case with salicylic acid under the theory that inflammation of a serous membrane, salicylic acid would give relief. I gave this agent in large doses, ten grains every three hours to a child of eight years, until tinnitus aurium occurred. Of course other treatment was given. The child made a good recovery. Another case that I saw last year in consultation, I again advised the salicylic acid and this controlled the opisthotonos, in connection with the continuous baths at a temperature of 98° F. The child was kept in the bath although with great resistance, as long as three hours on one occasion. It was repeated twice in twenty-four hours. A hammock was made in the tub and the child was allowed to lie on this. Thus she was covered with water continuously. The patient was sick about three weeks. These baths seemed to aid in controlling the opisthotonos. She recovered with a marked squint, which disappeared during convalescence.

**Dr. Frank D. Gray, of Jersey City.**—I wish to report two cases in which the anti-toxin was used, in one in very large, and in the other in comparatively large doses. Both were severe types of the disease, and both recovered. One was a boy about 16 years old, the other a girl of 15. The girl developed total blindness, deafness and paralysis of one leg. The boy had none of these organic lesions, but he was very ill and presented most of the functional symptoms. He received 60,000 units of anti-toxin within five days. Lumbar puncture was done also three times during this period. The interesting point in this case consisted in the parallelism between the findings and a point made by Wolff, who suggested this treatment. Wolff called attention to the alkalinity of the normal cerebro-spinal fluid and showed that in inflammatory conditions it became slightly acid. In this case I noticed the reaction. The fluid was, at the first puncture, acid; the second puncture showed the fluid to be neutral, while the third showed it to be slightly alkaline in reaction. At the first puncture the fluid was turbid, at the second less so, while at the third it was clear. During this time the clinical symptoms had not abated at all. I believe there may be something in Wolff's suggestion.

**Dr. Pinneo (closing).**—Dr. Johnson's report of three cases occurring in one family is unusual. In the vast majority of reports we do not find a house or a certain locality as the nucleus for any epidemic. I have found that such experiences are extremely rare, although, in Brooklyn three cases have been reported occurring within a rad-

ius of 1,000 feet. What Dr. Baruch states regarding baths is entitled to special attention, the continuous hot bath particularly.

## Correspondence.

*To the Editor of the Journal of the Medical Society of New Jersey:*

Unfortunately medical men, like other people, are at times afflicted with diseases requiring surgical intervention for their cure or relief. Personally I deprecate the prevailing tendency to publish matters of a purely personal nature in the newspapers, but there are doubtless many physicians who regard the publication of the fact that an operation has been performed on a medical man as a perfectly proper item of news. It is not at all uncommon, however, to see such an item supplemented by the statement that the operator was this or that well-known surgeon *from out of town*. The fact that a patient prefers a surgeon from some other place than his own does not, of course, necessarily imply that he lacks confidence in the skill of his neighbors, but I know that such an interpretation is put on his action by many of the laity, to the great detriment of the profession of his own town. I call attention to this matter in the hope that in the future greater care may be taken to keep the name of the operator out of the newspapers. I am

Very truly yours,

A MEDICAL PRACTITIONER.

Newark, N. J., Nov. 20, 1905.

*To the Editor of The Journal of the Medical Society of New Jersey:*

DEAR DOCTOR—Perhaps it will not be out of place to add to the opinions, already expressed by others, a word or two on the possibility of making the meetings of the State Society more useful to the members of the profession who attend them.

In the past the programmes of papers have seemed a maize of disassociated topics. The suggestion that the sessions should be divided into sections seems to be ill-advised, since there are not enough papers presented to warrant this arrangement. What is desired by all is more interest and a larger attendance at the various sessions. This I think could be accomplished. Papers with topics which have no relation whatever to one another and which in a given session cover a wide range of subjects cannot possibly accomplish as much good or attract as many listeners as a series of papers which would, at a given session, all relate either to surgery or general medicine, or to some special branch of medicine or surgery.

It seems to me that "the Symposium" is the best arrangement for papers offered at our state meetings—The word signifies an intellectual feast in which several take part and treat various features of the same topic and all regale themselves or absorb to the full what is provided at the feast. "The Symposium" has the advantage of offering an opportunity for a complete and exhaustive treatment of the subject under discussion and in this manner it would be the most useful. "The Symposium" has the advantage of engaging in the active work of the meetings a larger number of members, and thus stimulating scientific work on the part of the individual members of the society. "The Symposium" has the

advantage of preventing long and dull papers and by brevity of parts excludes all irrelevant discussion and eliminates unimportant facts and awakens a keener interest in the subject under discussion.

I have thus expressed my opinion because I wish to encourage what I find is already a partly concerted plan in the minds of the scientific committee, and I should like to see it a settled policy of the society in the future.

Respectfully,

HENRY L. COIT.

November 15, 1905.

MY DEAR DOCTOR:—Owing to the indisposition of Dr. Charles Young, of Newark, chairman of the committee on legislation, I have been asked to act as temporary chairman.

In thinking over the matter carefully I have come to the conclusion that some good might be accomplished in our opposition to the osteopathic measure if we succeeded in getting pledges from the members of the legislature. I trust you will take this matter up at once, and if possible have a special interview with the members of the legislature; explain to them what the osteopaths are asking for, and that we as medical men simply ask them to fulfill the requirements for license demanded of every other practitioner of medicine. Have all the members of your county society interview or write the legislators, and say that this action is indorsed by the medical men of New Jersey, irrespective of school.

The recent action of the New York State Board of Medical Examiners in indorsing the certificates of the New Jersey board, places the medical men of New Jersey on the high plane which was previously occupied by New York alone, and if the bars are lowered to admit any irregular practitioners you can readily see that our standard will be very materially lowered.

I hope you will bring all the pressure to bear that is possible to prevent this. I feel sure that if there is united action on the part of the medical profession we can defeat this measure at the coming session of the legislature.

Your committee is informed that the osteopaths are already taking steps for a vigorous campaign.

Trusting you will use your best endeavors to assist your committee, I am,

Very respectfully yours,

L. M. HALSEY, *Chairman.*

#### CIRCULAR NO. 1.

Dear Doctor:

The Proprietary Association of America, having a very strong organization, has established a press bureau and is now fighting the American Medical Association and the medical profession. *Collier's Weekly* for November 4th publishes information showing that every newspaper in the country is muzzled by this Proprietary Association.

Undoubtedly the nostrum interests, which will be hurt by the investigations of the Council on Pharmacy and Chemistry of the American Medical Association will align themselves with the "Proprietary Association," and will endeavor to hurt the medical profession, and particularly the American Medical Association, if they possibly can. It, therefore, seems to me that it is imperative that we, representing state medical organizations, should make known the principal facts dis-

closed by *Collier's Weekly*. All of our members will not see *Collier's*; the newspapers will either be silent or will attack us and our association; our members, or certainly most of them, will not be aware of the actual facts, unless the information is disseminated through our journals.

The fight promises to be an exceedingly bitter one, and it seems to me that we shall fail in our duty if we do not actively support the American Medical Association and its Council on Pharmacy and Chemistry, and *Collier's Weekly*, and do not place before our members the essential facts. Sympathy will not win this fight, but publicity may.

Respectfully,

PHILIP MILLS JONES,  
*President Association State Medical Journals.*

#### RESOLUTIONS ADOPTED BY THE MEDICAL SOCIETY OF THE COUNTY OF NEW YORK, at its one hundredth Anniversary Meeting October 23rd, 1905.

*Whereas*, This Medical Society, for over one hundred years, with the sanction of the State of New York, has been engaged in an effort to "regulate the practice of physic and surgery," and

*Whereas*, The legislature of said State has expressly authorized the enforcement by this and other county medical societies in the State of the public health law regulating said practice, and

*Whereas*, Hundreds of prosecutions and convictions have resulted as a direct outcome of the work of this society in enforcing the law, and

*Whereas*, A large percentage of the quacks and charlatans, convicted as a result of the work of this society, have already been admitted to the advertising columns of various newspapers in the city and county of New York and the protection of the public health has been made more difficult as a result of said advertisements. Now, therefore, be it

*Resolved*, That the Medical Society of the County of New York, at its hundredth annual meeting, emphatically protests against the criminal alliance between quacks and certain newspapers in the city of New York and elsewhere; that in the courts of honor, and conscience and morals, if not in the courts of law, the newspapers that profit by the alluring false advertisements of notorious quacks and charlatans are in no wise less guilty than these charlatans themselves. Be it further

*Resolved*, That the thanks of this society are due to the *Ladies' Home Journal* and to *Collier's Weekly* for their telling exposure of the criminal alliance existing not only between quacks and some newspapers, but between the latter and powerful companies controlling well-known patent medicines, long since proven to be dangerous to the health and comfort of the people.

The medical expert of the *Atlanta Constitution*, after studying the Southern situation, is inclined to the opinion that "Rooseveltitis is 'ketchin'."

It is said that the recent illness of Lady Curzon, nee Leiter, of Chicago, cost her husband \$50,000. Sir Thomas Barlow and one or two other equally famous specialists lived for days together at Walmer Castle at a rate of \$500 per day, and whenever other medical help or even medicines were wanted from London, special trains were sent for them.



# THE JOURNAL

OF THE

## Medical Society of New Jersey.

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**DECEMBER, 1905.**


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*Each member of the State Society is entitled to receive a copy of the JOURNAL every month.*

*Any one failing to get the paper promptly will confer a favor upon the Publication Committee by notifying them of the fact.*

*All communications relating to the JOURNAL should be addressed to the Committee on Publication, 794 Broad street, Newark, N. J.*

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### THE FREEDOM OF THE PRESS.

The letter of Dr. Jones, editor of the *California State Journal* and president of the Association of State Journals, printed in our correspondence column, explains itself. Unfortunately we cannot give sufficient space to print all the matter in *Collier's Weekly* of November 4th, to which he refers, and which shows the abject slavery in which the nostrum vendors hold the secular press. We make, however, the following extracts:

Last March a debate took place in the Massachusetts State Legislature on the question of forcing the patent medicine manufacturers to print a list of the ingredients of the remedy on the label of the bottle or package. This debate lasted an entire afternoon and was not devoid of humorous and interesting details. Not a single newspaper in the state contained the slightest reference to this important and interesting piece of news except the *Springfield Republican*. Why this ominous and peculiar silence? In the first place, the income which the newspapers derive from nostrum and quack-advertisements is almost incredibly large. There are at least five patent medicine companies who each pay to the newspapers over \$1,000,000 per year. An obscure quack was raided in New York City. He was doing merely an office business and yet he had paid to one newspaper \$20,000 in a year and to another \$5,856.80. Dr. Humphreys, one of the best known patent medicine makers, has said to his fellow-members of the Patent Medicine Association "The twenty thousand newspapers in the United States make more money from advertising the proprietary medicines than do the proprietors of the medicines themselves.....of their receipts one-third to one-half goes for advertising."

Certain of the larger patent medicine concerns pay to the newspapers \$20,000,000 per annum. More than \$1,000 to each daily, weekly and monthly periodical in the United States

Nor are these nostrum makers so blind to the danger in which their fraudulent business stands of exposure as to allow this money to go to waste. On the contrary they insert in their advertising contracts clauses to the effect that the contracts shall become void if any legislation adverse to their interests shall be enacted in the state in which the paper is printed or by the United States Government. And further, and this is the most damning evidence of the abject servility of our so-called free and enlightened press, the contracts stipulate that if any matter detrimental to the advertiser's interest "is permitted to appear in the reading columns or elsewhere in this paper" the contract shall be void.

That this stringent condition is enforced is proved in the case of the *Cleveland Press* from whose columns \$18,000 worth of nostrum advertising was withdrawn in forty-eight hours for having allowed certain matter which was considered adverse to the nostrum traffic to appear in its reading columns.

But this is by no means the depth of degradation to which our so-called free press has sunk. Not only have they allowed the filthy money of the quacks and nostrum vendors to debauch them into deceiving and hoodwinking their readers, but they have made themselves the tools in the hands of their cruel and rapacious masters to debauch and prostitute the legislatures.

The Proprietary Association (Nostrum Trust) of America used to spend \$75,000 a year to corrupt the legislatures before the present plan of forcing the newspapers to do this for them was discovered. "The fighting of public health legislation is the primary object and chief activity, the very *raison d'être* of the Proprietary Association." The motive leading the quack doctors and patent medicine manufacturers of the United States into an organization was this: "Here are some scores of men each paying large sums annually to the newspapers. The aggregate of these sums is \$40,000,000." By organization the full effect of this money can be got and used as a unit in preventing the passage of laws which would compel them to tell the contents of their nostrums and in suppressing the newspaper publicity which would drive them into oblivion."

And how is this done? By an organized and efficient bureau of information. The trust maintains a lawyer in Chicago with a permanent secretary, office and staff. In every state capital of the United States it maintains an agent whose business it is to watch during the session of the legislature each day's batch of new bills, and whenever a bill affecting patent medicines shows its head, to telegraph the bill verbatim to headquarters. There some scores of printed copies of the bill are made and a copy is sent to every member of the association, who looks up the list of papers in the threatened state with which he has the contracts already described, and to each newspaper he sends a peremptory telegram calling the publisher's attention to the obligation of his contract, and commanding him to go to work to defeat the anti-patent medicine bill.

This scheme works so beautifully that a member of the trust was able to make the following statement in his annual report to the association: "We are happy to say that though over a dozen bills were before the different state legislatures last winter and spring, yet we have succeeded in defeating all the bills which were prejudicial to proprietary interests *without the use of money* (italics ours) and through the vigorous co-opera-



tion and aid of the publishers. . . . . January 23 your committee sent out letters to the principal publications in New York asking their aid against this measure. It is hardly necessary to state that the publishers of New York responded generously against these harmful measures. The only small exception was the 'Evening Star' of Poughkeepsie, the publisher of which in a very discourteous letter refused to assist us in any way."

A number of concrete instances are given in which the newspapers were dragged into the service of forcing and bullying the legislators into defeating public health bills and bills demanding decency and openness in the patent medicine business.

We shudder when we look upon this black and revolting picture, the enormity of which no words of ours can do justice to.

We find a little consolation in the thought expressed in an editorial in the same issue of *Collier's* that the publishers and editors did not realize what they were doing when they sold their manhood, their honor and all sense of decency for a mess of pottage. It is horrible to think of, the depths to which love of money will degrade people! The white light of truth may dispel this foul and loathsome blackness. As Dr. Jones has said, "sympathy will not win this fight, publicity may."

### DIET IN TYPHOID.

Diet in Typhoid was the subject for discussion at the November meeting of the Orange Mountain Medical Society. Nearly every member present contributed from his experience and reading to the general fund of knowledge and certain points were emphasized which are worthy of preservation.

It was insisted that nearly all systems of feeding in that disease are too liberal, that too much aliment and frequently too little water are given.

It was pointed out that, since the Brand treatment of typhoid has come into vogue, the patients undergo a certain amount of passive exercise, beside the stimulation to the circulatory and nervous systems from the baths, and these agencies unquestionably also stimulate the digestive functions so that a larger and more varied diet can be given with impunity.

Again the milder type of typhoid which has prevailed of recent years was spoken

of, and while it was admitted that improved methods of handling the cases have had a decided ameliorating influence on its course, it was asserted that the disease is milder *per se* and that therefore we must not be too sanguine about the beneficial results of any recent method of treatment.

Perhaps the most important suggestion offered in the discussion was that we are in great need of a careful and systematic determination of the physiological requirement for food in this and other diseases, similar to the epoch making investigations of Professor Chittenden at Yale to determine this question for different classes of people in health.

As to the articles of food allowed typhoid patients, the discussion showed that many and various viands were used with apparently good results. One practitioner always allows his patients one or two bananas a day; others allow eggs, both raw and poached or soft-boiled, throughout the disease. One or two of the speakers never make use of milk, others always modify it before use.

Several, especially among the older men, insisted that a pint of milk a day is sufficient nourishment for a typhoid patient. Nearly all gave milk in some form and placed their main reliance upon it. Some made great use of meat and fruit juices, vegetable broths, chocolate or cocoa, tea and coffee. Some extraordinary articles of diet, such as lobster, mince pie and baked beans had been ingested in certain reported cases not only without injury, but with decided benefit.

All present united in demanding that each case be separately studied and every allowance be made for individual idiosyncrasies and peculiarities, and that so far as possible the natural tastes and habits of the patient be taken into account.

The present treatment of this disease is surely breaking away from the over-drugging and over-feeding in vogue a few years ago. And the truth is forcing itself upon us that the cases are not to be treated by rule of thumb, nor by any hard and fast rules,

that drugs must take a decidedly secondary place in the therapy and are frequently contra-indicated and that the advocates of an extremely light diet if not of actual starvation in typhoid, are constantly gaining adherents.

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### EDITORIAL CHANGES.

Dr. A. P. Biddle, secretary-editor of the Michigan State Society, will retire from office on January 1st, '06.

In the editorial in the November issue of the *Journal of the Michigan State Medical Society*, in which Dr. Biddle announces his decision not to accept another appointment, he states that pressure of private affairs compels him to this step. He has been secretary-editor for five and one-half years and has conducted an able and satisfactory journal.

In our opinion the Council of the Michigan State Society, who appoint the secretary-editor annually, will have considerable difficulty in filling Dr. Biddle's place.

We extend to the retiring editor and to his successor our best wishes for success and happiness in their new fields.

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After several years of successful work as editor of the *New York State Journal of Medicine* and chairman of the publication committee of the New York State Medical Association, Dr. Charles Ellery Denison has been succeeded by Dr. Robert James Carlisle. As Doctor Denison's self-sacrificing labor has done so much to guide the organ of our sister society through its early precarious years, we think that he has placed the profession under a heavy debt of gratitude; especially as he has done so much to demonstrate the benefits which a state society journal confers upon the society. We hope that his successor may be able to accomplish as satisfactory results in the same field, and extend to the new editor our best wishes.

Drs. Joseph D. Bryant, E. Eliot Harris, J. Riddle Goffe and Wisner R. Townsend are the publication committee who will as-

sist Dr. Carlisle in the publication of the paper.

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### THE MEDICAL NEWS.

It is with regret that we read the announcement that our old friend, *The Medical News*, is to pass out of the hands of the Messrs. Lea Brothers and Company into that of the A. R. Elliott Publishing Company on January 1st, '06.

The attitude of the latter concern in the matter of nostrum advertising is well known and we believe thoroughly disapproved by the medical profession, and we doubt whether the *News* will ever do as well under the new management as it has done in the past.

The day of the privately owned weekly medical journal is passing away. Its place will be taken by the *Journal of the American Medical Association* and the various state journals.

Like the medical colleges of the present day only the very best and the very worst can live. Mediocre medical institutions are not wanted, so the privately owned respectable journals are ceasing to pay as an investment. They are too expensively run to admit of their being sold for a dollar or two a year and they are not sufficiently large and interesting to compete with the *Journal of the American Medical Association*.

Furthermore the profession is awaking to the fact that all of these privately owned journals are managed primarily for the profit of their owners and secondarily for the true interests of the profession. Their circulation and influence are bound to decline, especially when published by a business house willing to defy and deride the movement, now so successfully launched, to purify the advertising columns of the national and state journals and to keep them pure.

The goodwill of the profession must be behind any journal, if it is to succeed, and we think that the management of the *New York Medical Journal* has forfeited this goodwill.

### Notices From Scientific Committee.

*The Reporters of The County Societies are reminded that their duties begin on the first day of July following their election. The Committee on Scientific Work especially desires this year to have a full and complete report of all matters of medical interest occurring in each county in the state, and take this means of urging upon each reporter the necessity of beginning to write his report now if he has not already done so. The reports should especially deal with epidemic diseases; climatic and hygienic questions; the action of the local health authorities; the condition of the milk and water supplies; etc., etc. In short, taken together, they should give at a glance a good resumé of the health conditions of the state during the preceding year. Social conditions, the growth of the county societies, deaths and marriages of members, etc., should also form a part of each report.*

*Reporters who send in their reports one month before the meeting of the State Society thereby become entitled to sit as annual delegates in the meeting.*

*The Committee on Scientific Work desire good papers for the next annual meeting. Members intending to contribute will please send their titles to the committee as soon as possible. All papers should be type-written and must not take over fifteen minutes in reading. Address, Talbot R. Chambers, M. D., Commercial Trust Building, Jersey City, Chairman Scientific Committee.*

*The Scientific Committee take pleasure in announcing that Thomas William Harvey, M. D., of Orange, will deliver the Oration on Surgery, and Joseph Tomlinson, M. D., of Bridgeton, that on Medicine, at the next meeting of the State Society.*

*Health Commissioner Darlington, of New York, will be present and read a paper at the meeting.*

TRENTON, N. J., November 17, 1905.

Dr. William H. Shipps has been elected Acting Secretary of the State Board of Medical Examiners of New Jersey, *vice* Dr. E. L. B. Godfrey, Secretary, granted leave of absence until May, 1906.

All communications should be addressed during this period to Dr. William H. Shipps, Bordentown, N. J.

### MARRIED.

**William K. Newton, M. D., of Paterson,** was married November 15th to Miss Cornelia Ridgely Hunt, of Washington, D. C., whose father was Secretary of the Navy under President Garfield.

**Paul Lance Cort, M. D., of Trenton,** to Mary, daughter of John H. Scudder, Esq., of the same city, on November 15th, '05.

**Arthur A. Will, M. D., of North Creek, Warren County, N. J.,** to Hilda, daughter of Frank Littlejohn, Esq., of Upper Montclair, N. J.

### OBITUARY.

**Alfred Wright, M. D.,** died in Laurel Springs, Camden County, on Monday, October 23d, aged sixty.

**Benjamin Burroughs Matthews, M., D.** University of Pennsylvania, 1858, died November 22. He was a resident of Bound Brook and had been a member of the Somerset County Medical Society for a number of years.

**Frederick T. Zabriskie, M. D.,** died from pneumonia in New York, November 5th. He was born in Hackensack, N. J., thirty-four years ago and graduated at the College of Physicians and Surgeons in 1895.

**William Titus, M. D.,** Jefferson Medical College, Philadelphia, sometime health officer of Newark, N. J., and local surgeon for the Lackawanna railroad, died at his home in Newark from cerebral hemorrhage October 28, aged sixty. He leaves a son, Dr. Charles W. Titus, of Newark, and a daughter.

**Edward E. French, M. D.,** died in St. Francis' Hospital, Trenton, October 20, from nephritis, after an illness of four years, aged forty. He had studied medicine for three years at the Jefferson Medical College in Philadelphia and had spent two years as an interne in the Philadelphia City Hospital. He graduated from the Hahnemann Medical College in Philadelphia in 1887.

**Edwin Curtis Bidwell, M. D.,** eighty-four years old, died at his home in Vineland, November 15th. He was a graduate of the Yale Medical School in 1844 and had served in a New England regiment as surgeon in the Civil War. His discovery of the black rot fungus, which threatened to destroy the grape growing industry in 1879, was of great service to fruit raisers. Dr. Bidwell was a pension examiner, but had retired from active practice.

**George Reed Morehouse, M. D.,** died at Philadelphia, November 12th, at the age of seventy-six. He was born at Mount Holly, N. J., and was a graduate of Princeton University in 1848 and of Jefferson Medical College in 1851. In collaboration with Drs. Weir Mitchell and W. W. Keen he published an interesting report on surgical injuries to the nerves occurring in the Civil War.

**Charles M. Zeh, M. D.,** died from apoplexy at his home in Newark, November 13, aged 78. He was born in New York state, near Albany, and graduated at Castleton, Vermont, in 1848. After practicing for a while in Port Huron, Michigan, he came to Newark in 1852. He practiced his profession in that city for 53 years. For 21 years he had served on the Board of Health and for many years was a visiting physician to St. Michael's Hospital. He was a member of the state society, and at the time of his death, consulting physician to St. Michael's Hospital.

He was twice married. His second wife survives him.

**An epidemic of measles** has been in progress in Highlands, N. J., for the past month. Over one-fifth of the public school children have contracted the disease, which has led to the closing of the school.

**The American Medical Association** is reported to have a membership of 47,000.



## State Society Notes.

### PRIZE ESSAY.

This prize was instituted by the Medical Society of New Jersey at the annual meeting in 1905, and is open for competition to the members of the Component (County) Medical Societies.

The subject chosen is "The Symptoms, Etiology, Pathology and Treatment of Pneumonia."

The essays must be signed with an assumed name and have a motto, both of which shall be enclosed in a sealed envelope containing the author's name, residence and component society.

The essay shall contain not more than 4,000 words, and must be characterized by originality in investigation and thought, and by clearness and conciseness of expression, and be, in the judgment of the committee, of decided value to the members of this society, and to the profession generally. Failing in these respects, no award will be made.

The essays, which should be type-written, with the sealed envelope, must be placed in the hands of the committee on or before the first day of May, 1906.

The committee will select the first two essays in order of merit. To the first will be awarded the prize of one hundred dollars, to the second that of honorary mention.

The unsuccessful authors will receive back their essays upon their identification to the chairman of the committee. The successful essay will be the property of the society and be published in its transactions.

CHARLES J. KIPP, Newark, *Chairman*.

WALTER B. JOHNSON, Paterson.

DAVID C. ENGLISH, New Brunswick.

*Committee.*

**Dr. Luther M. Halsey**, of Williamstown, has been appointed temporary chairman of the Committee on Legislation of the State Society in place of Dr. Charles Young, whose health has not been good enough for the arduous duties of this position.

**An Important Meeting** of the legislative committee and the auxiliary committee of the State Society will be held at Trenton on the fourth inst.

### Council of the Medical Society of New Jersey.

At a meeting held in the State Board of Health rooms at Trenton on November 3rd the Council was organized by the election of Dr. Philip Marvel, of Atlantic City, chairman, and Dr. T. W. Harvey, of Orange, secretary.

Among other matters which the individual councillors will be requested to bring before the various component societies will be the matter of "contract" practice, which is rapidly becoming a very serious evil in certain parts of the state. Mercer county and Atlantic county societies have passed resolutions barring the "contract" physician from membership. This policy in Mercer county has worked both ways, causing some men to give up the contract practice, causing others to give up their membership in the society.

Marksboro, a town in Warren County, N. J., is said not to have had a birth in five years, nor a death in over a year. It is needless perhaps to add that the town has no physician.

### Auxiliary Legislative Committee.

In accordance with a resolution passed at the annual meeting of the State Society, the following named gentlemen have been appointed an auxiliary committee to the Committee on Legislation. There is one member from each county in the state:

Philip Marvel, Atlantic City, Atlantic county.

David St. John, Hackensack, Bergen county.

William H. Shipp, Bordentown, Burlington county.

Dowling Benjamin, Camden, Camden county.

Joseph Tomlinson, Bridgeton, Cumberland county.

D. K. Webster, Ohiopyle, Pa., Cape May county.

H. C. H. Herold, Newark, Essex county.

George E. Reading, Woodbury, Gloucester county.

John J. Bauman, Jersey City, Hudson county.

O. H. Sproul, Flemington, Hunterdon county.

I. M. Shepard, Trenton, Mercer county.

A. C. Hunt, Metuchen, Middlesex county.

John W. Bennett, Long Branch, Monmouth county.

F. W. Flagge, Rockaway, Morris county.

R. L. Disbrow, Toms River, Ocean county.

John L. Leal, Paterson, Passaic county.

Henry Chavanne, Salem, Salem county.

C. R. P. Fisher, Bound Brook, Somerset county.

E. Morrison, Newton, Sussex county.

N. L. Wilson, Elizabeth, Union county.

C. B. Smith, Washington, Warren county.

## News from the Counties.

**The Gloucester N. J., County, Medical Society** held its regular meeting at Paul's Hotel, Woodbury, on Thursday, Nov. 16th, at 1.30 P. M. The programme included papers by Dr. J. C. Applegate and Dr. S. MacCuen Smith, of Philadelphia, and Dr. Alexander McAlister, of Camden.

**The Salem, N. J., County Medical Society** met at the Schaefer House, Salem, N. J., on Wednesday, November 1st. There was a large attendance of members and visitors from Cumberland and Gloucester counties. Dr. Charles P. Noble, of Philadelphia, read a paper on Uterine Fibromata, which called forth much discussion.

**Dr. William C. McKenzie**, Metuchen, is seriously ill and it is feared that he will have to give up practice.

**ESSEX COUNTY.**

**Dr. Edward J. Ill** was operated upon at his home November 12, for a deep-seated abscess. The operation was entirely successful and the patient is on the high road to recovery. It will be several weeks, however, before he will be able to be about.—*Sunday Call*.

**Verdict Against Dr. Wickman Set Aside.**

About a year ago, George Lees, of Plainfield, obtained a verdict of \$780.20 against Dr. A. Wickman, of Newark, for injury which he said he had sustained from the application of a plaster jacket. An appeal was taken by Dr. Wickman, and the Supreme Court has set aside the verdict holding that it was contrary to the evidence.

**The Medical Library Association of Newark** was organized at a meeting in the Free Public Library building November 18th, '05. A constitution and by-laws were adopted and officers were elected. The membership is not confined to medical men, nor to citizens of Newark, nor even of the state of New Jersey. The books and periodicals will be kept in the Newark Free Public Library and will be under charge of Mr. Dana, the librarian. The annual dues have been fixed at \$3.00 and this includes the initiation fee. For \$50.00 any one may become a life member.

The meetings will be bi-monthly, with the anniversary meeting in November of each year. There are already 130 subscribers. The following were elected officers for the first year: President, Charles J. Kipp, M. D.; Vice-President, Henry L. Coit, M. D.; Secretary and Treasurer, Frank W. Pinneo, M. D.; Directors for one year, Sidney A. Twinch, M. D., and E. S. Sherman, M. D.; for two years, William S. Disbrow, M. D., and Samuel E. Robertson, M. D.

**The regular quarterly meeting of the Morris County Medical Society.**

Through the courtesy of Dr. B. D. Evans, medical director of the Morris Plains State Hospital, the regular quarterly meeting of the Morris County Medical Society was held at that institution September 12, 1905.

Dr. Evans, with his assistant, Dr. Mallon, presented some interesting cases to the society. Dr. Cossitt, pathologist to the hospital and president of the society, surprised the members present by requesting them to retire to the porch for a photograph. Ex-Senator Everitt, the warden in charge at the hospital, served an excellent dinner. The meeting adjourned with thanks for the invitation and the pleasant entertainment.

The next meeting of the Morris County Medical Society will be held in the Morristown Memorial Hospital, Tuesday, December 12, 1905. Dr. Winfield Ayres, of New York City, will lecture and give demonstrations of the use of the cystoscope on patients. Time of meeting, 10.30 A. M.

H. W. KICE, Secretary.

**Resolutions upon the Death of Dr. Risk.**

WHEREAS, We have learned with deep regret of the death of our beloved member, Dr. William H. Risk, of Summit, N. J., a man meriting the respect of his professional colleagues, be it therefore

*Resolved*, That in the death of Dr. William H.

Risk the society has lost a most earnest worker and its members a congenial friend.

*Resolved*, That the profession at large has cause to regret his death and the people of Summit have lost a public-spirited citizen, one who continuously guarded the public health and strove to advance the welfare of the community,

*Resolved*, That these resolutions be spread in full upon the minutes of the society, and that a copy be presented to his daughter, Mrs. Margaret Risk White.

(Signed) CALVIN ANDERSON, M. D.,

For the Committee of the Morris County Medical Society.

September 12, 1905.

**MERCER COUNTY.****In Memoriam.**

Alonzo P. Hunt, M. D.

Alonzo P. Hunt, M. D., was born on September 16, 1870, at Hamilton Square, Mercer county, N. J. He was the second son of the late Isaac Hunt. His mother, nee Phebe A. Ely, was a descendant of Roger Williams. Dr. Hunt attended the public school in his native village, after which he went to the State Normal School in Trenton, graduating in the year 1891 with high honors. He entered the University of Pennsylvania in the fall of 1891, receiving his diploma in 1895. The doctor was married on June 10, 1897, to Miss Sarah S. Polhemus at Scobeyville, Monmouth county, N. J., who with one child, a daughter of six, survives him. He practised his profession in his native place from graduation until his death, February 13, 1905. Dr. Hunt was over earnest and zealous in his professional work, and to this fact, handicapped as he was by a rather delicate constitution, may be truthfully ascribed his early demise. He literally gave his life for others. While we, his associates, will miss his pleasant smile and cheerful greeting, it is his near relatives, especially his companion and little daughter, upon whom the sudden blow falls with crushing weight, and to them we, as a society, extend our sincerest sympathies. Therefore be it

*Resolved*, That a copy of the foregoing be presented to the family of our deceased associate and a copy be furnished the *State Journal* for publication; also

*Resolved*, That a page be set apart in our minutes for this memorial.

ELMER BARWIS,

EDWARD S. HAWKE,

GEORGE H. FRANKLIN,

Committee.

**Hospital Notes.**

**Dr. Emil O. Guenther** has been appointed visiting surgeon to the Newark City Hospital in place of Dr. C. D. Bennett, resigned.

A fair for the benefit of the Mountainside Hospital will be held in the club hall, Montclair, N. J., beginning December 8th. The Ladies Auxiliary to the Board of Governors will have charge. Last year the same body of workers realized \$7,600 at a similar fair held in the same place for the benefit of the hospital.

A fair to raise funds for the establishment of a Homeopathic Hospital was held in Montclair, November 10th and 11th.



**The Jersey City Hospital.**—The cornerstone of the new City Hospital in Jersey City, which is being built on the site of the present structure in Baldwin avenue, was laid by Mayor Fagan November 1. Dr. Frank D. Gray, a member of the Board of Trustees, made an address.—*Medical Record*.

**Gifts to Hospitals.**—The Entre Nous Club, Atlantic City, has given \$5,000 to the Atlantic City Hospital for the endowment of a bed in that institution. Mrs. Harvey E. Fisk has sent a check for \$500 to the Monmouth Memorial Hospital and will also endow a bed.

**Hospital Elects Officers.**—At a meeting of the board of directors of the Essex Private Hospital, Newark, Dr. John Dennis was elected president; Dr. Herbert W. Long, secretary; Dr. Theodore Teimer, treasurer; Dr. William O. Bailey, chairman of the executive committee, and Dr. William Buermann, chairman of the finance committee.

**Italian Hospital Opened.**—The new Hospital of the Immaculate Conception, Orange, was opened October 29 with due ceremony. The institution has now twenty-five beds and in a few days accommodation for ten additional patients will be added. The medical staff consists of Drs. Thomas N. Gray, East Orange; Frank B. Lane, East Orange; Wm. M. Brien, West Orange; Antonio J. Amico, Newark; Ralph H. Hunt, East Orange; Francis E. Knowles, South Orange; W. D. Garrett, East Orange; M. W. Newcomb, East Orange; Carlo Martinetti, Orange; M. Herbert Simmons, Orange; Frank W. Lockwood, East Orange, and Charles W. Banks, East Orange.

**Dr. F. R. Bailey** gave a dinner to the Clinical Society of the Elizabeth General Hospital and Dispensary on October 31st. This was the twelfth annual dinner of the society.

It is said that \$7,000 has been realized at the annual fair held last month in Halsted Hall, East Orange, for the benefit of the Orange Memorial Hospital. Nearly 4,000 people visited the fair on its closing day.

A new building for St. Barnabas Hospital in Newark.—A new administration building and nurses' home for this hospital will be erected immediately, to cost \$21,000. There are 1000 patients received into this institution yearly and between 3,000 and 4,000 are treated in the outpatient's department.

**A Portrait of Dr. John Redman Coxe** has recently been presented to the medical department of the University of Pennsylvania. He was born in Trenton, N. J., September 16, 1773, and studied under the tutelage of Dr. Benjamin Rush, afterwards attaining marked distinction.

Rush himself graduated at Princeton in 1760, receiving the baccalaureate degree at fifteen years of age. He afterwards married Julia, daughter of Richard Stockton, of New Jersey.

**In Honor of the President.**—In a dispatch to *The Tribune* it is said that on the day following the visit of Mr. Roosevelt to New Orleans, to show the faith of the people in the Roosevelt anti-race suicide doctrine, the city reported the highest birth rate in its history.—*Medical Record*.

## State Medical Licentiatees.

At a meeting of the State Board of Medical Examiners, held at Newark, on November 1st, the following candidates, who passed the State Medical Examination at Trenton, October 17-18, were duly licensed to practice medicine and surgery in the State of New Jersey:

Angelo Audi, West Hoboken; Emerson Stanley Bailey, White Plains, N. Y.; Samuel Barbish, Atlantic City; Albert Roy Bickstein, Philadelphia, Pa.; David Merwin Bloom, Newark; David Barnett Blumstein, Paterson; Norman Hamilton Brewster, New York city; Charles Winfield Buvinger, Newark; Howard Conover, Absecon; Albert Burrows Davis, Camden; Frank Thomas Davis, Jr., Landsdowne, Pa.; Hugh Joseph Devlin, Newark; Sydney L. Feldstein, Philadelphia; George Washington Geyer, South Seaville; Friend Bennett Gilpin, Newfoundland, Pa.; Isaac Edward Gluckman, Newark; Stephen Decatur Harrison, New York city; Abraham Ezra Jaffin, Jersey City; Leo Harold Joyce, Paterson; Benjamin Edward Kaplin, Newark; George Beale Knight, Camden; Thomas James McGeary, Jersey City; Aloysius Alphonsus Mulligan, Harrison; Alfred Aloysius Mutter, Newark; Benjamin Franklin Ogden, Bridgeton; John Laird Opperman, Freehold; Gideon Howard Palmer, Newark; William Jackson Parks, Washington, D. C.; Harry Howard Pettitt, Passaic; Edward Johnston Porteous, Atlantic City; Harry Clayton Povey, Newark; P. Clinton Pumyea, Allentown; David Nisan Rappoport, Rosenhayn; Edward Wood Rossell, Jobstown; George Frederick Schug, Newark; Frederick C. Shumacher, Passaic; James Percy Schureman, Newark; Arthur Earnest Smythe, Washington, D. C.; Frederick Smith Williams, Glen Ridge; Louis Joseph Wirtz, West Hoboken.

## Program of the thirty-first annual meeting of the New Jersey Sanitary Association, to be held at The Laurel-in-the-Pines, Lakewood, N. J., December 8 and 9, 1905:

First session, Friday, December 8th, 3.30 P. M.

I. Introductory remarks and announcements, W. G. Schauffler, M. D., chairman executive council, Lakewood.

II. Examination of Health Officers and Health Inspectors, John L. Leal, M. D., Paterson.

III. Creameries: Their Construction and Management, George W. Maguire, Trenton.

IV. Reports of chairmen of committees on publication, uniform sanitation, legislation, animal diseases and foods, methods of garbage disposal, prevention of malaria and typhoid fever, civic sanitary societies.

V. Miscellaneous business.

Evening session, Friday, December 8th at 8 o'clock.

VI. Prayer, Rev. C. P. Butler, Lakewood.

VII. President's address, "Our Association", N. J. State Sanitary Association, Norton L. Wilson, M. D., Elizabeth.

VIII. "Secret Nostrums," Samuel Hopkins Adams, Esq., of Collier's Weekly. Discussion opened by Alexander Lambert, M. D., New York.

IX. "Organization of Anti-Tuberculosis Campaign," Livingston Farrand, M. D., executive secretary National Association.

A meeting of the Executive Council will be held immediately after the adjournment of the evening session.



Third session, Saturday, December 9th, 9 A. M.  
X. "Medical Inspection of Schools", Dr. F. S. Shepherd, Asbury Park. Discussion opened by James E. Bryan, Camden.

XI. "What Methods Are Most Suitable for Disposal of Sewage on the Atlantic Coast", George M. Fuller, C. E., New York City. Discussion by H. M. Herbert, C. E.

XII. "Disinfection as a Means of Restricting Communicable Diseases," Henry Mitchell, M. D., Asbury Park.

XIII. Election of Officers.

XIV. Miscellaneous Business and Opening Question Box.

XV. Adjournment.

The New Jersey Sanitary Association is composed of professors and teachers, in our colleges and schools, municipal officers, health officers, lawyers, physicians, veterinarians, clergymen, civil engineers, sanitary engineers, architects, plumbers, and other citizens of our state, interested in sanitation as related to our homes, our schools and our municipalities.

Any citizen may become a member of the state association on application to the secretary or any member of the Executive Council, on the day of meeting. The membership fee is two dollars per year, payable in advance.

The objects of the annual meeting are the presentation of facts, the comparison of views, and the discussion of methods relating to the prevention of sickness and the promotion of health. The association also, through the annual meeting, seeks to impress upon the public the importance of securing wise and preventing harmful sanitary legislation, and also to aid the state and local boards of health in their efforts to secure better administration of our health laws for the good of our citizens and the healthfulness and prosperity of our state.

By an arrangement between this association and the State Board of Health, a part of the annual meeting is devoted to such special subjects as relate to the work of local boards of health. Every local board should have present at the annual meeting its health officer, inspector or some other active member. The information secured for the benefit of each locality far more than compensates for the slight expense.

Papers.—Authors of papers are requested to limit them to twenty (20) minutes, and to place in the hands of the secretary a copy carefully prepared for the printer, in order to facilitate the work of the committee. The gentlemen who lead the discussion will be allowed ten (10) minutes, all others five (5) minutes.

Hotel.—The Laurel-in-the-Pines, Lakewood, one of the best in the state, offers to members and their families a rate of \$3.00 per day during their stay. It would be well to write and engage rooms previous to this meeting.

Officers for 1905.—President, Norton L. Wilson, M. D., Elizabeth; First Vice-President, H. M. Herbert, C. E., Bound Brook; Second Vice-President, Gordon K. Dickinson, M. D., Jersey City; Third Vice-President, John B. Dunklee, C. E., South Orange; Secretary, James A. Exton, M. D., Arlington; Treasurer, George P. Olcott, C. E., East Orange; Chairman Executive Council, William G. Schauffler, M. D., Lakewood.

**Diphtheria.**—The public schools of Winslow have been closed on account of an epidemic of diphtheria. Several cases of diphtheria are reported from Elizabeth.

**Physician Left Fortune.**—Dr. Frank L. Horning, Camden, has fallen heir to about \$50,000 by the death of an uncle in Schuylkill County.

**The Annual Meeting of the William Pierson Medical Library Association** took place in the Association rooms on November 16th. The treasurer's report showed that the affairs of the organization are in a flourishing condition. There are nearly one hundred members, and the books in the library now number about 2,000. Dr. Morgan Willcox Ayres, of Montclair, has made a handsome donation of books. An amendment to the by-laws was adopted, by which hereafter the annual dues shall be \$5 instead of \$8 for members residing in the Oranges. The following officers were reelected for the ensuing year: President, Thomas W. Harvey; vice-president, Richard C. Newton; treasurer, John H. Bradshaw; secretary, Richard D. Freeman; librarian, Henry A. Pulsford; council, the above and Drs. Meford Runyon, D. E. English and W. B. Graves.

The committee on lectures and entertainments announced that the lecture course for the ensuing year has been nearly completed, and that Dr. Ellsworth Eliot, of New York, would give the first lecture, subject, "Atypical Appendicitis," on December 12, 1905, in the association rooms. Dr. J. Riddle Goff would follow on January 9, 1906, subject, "A Medical Hero"; Dr. Arthur B. Duel, February 13, 1906, subject to be announced; Dr. William Hallock Park on March 6, 1906, subject, "The Hygiene of Milk." The lecture for April is not yet determined. In May the usual clinical night.

**George L. Meylan, M. D.**, adjunct professor of physical education and director of the university gymnasium, Columbia University, will lecture before the Essex County Medical Society on Tuesday evening, December 5, 1905, in the Free Public Library, Newark, at 8.30 p. m.; subject, "Effects of Physical Exercise Upon the Heart."

Office of publication, 794 Broad St., Newark, N. J. Communications relating to the business of the paper, advertisements and subscriptions may also be addressed to WILLIAM J. CHANDLER, M. D., South Orange, N. J.

Address all papers on medical subjects, all news items, and all books for review to RICHARD C. NEWTON, M. D., 42 Church Street, Montclair, N. J.

The JOURNAL will be glad to print original papers from any source, preferably from members of the State Society, provided that they shall be of sufficient merit and shall be contributed to this paper exclusively.

Anonymous communications will not be published, but the name of the author of a communication will be kept secret if the editor is requested to do so.

The Medical Society of New Jersey does not hold itself responsible for the sentiments expressed by the authors of papers.

It will be satisfactory to all concerned if authors will have their contributions typewritten before submitting them for publication. The expense is small to the author—the satisfaction is great to the editor and printer. We cannot promise to return unused manuscript.

Authors may obtain reprints of their papers at cost, provided a request for them be written on the manuscript. Matter received after the 20th of any month cannot, as a rule, appear in the next issue of the JOURNAL.

# Journal of The Medical Society of New Jersey

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## URAEMIC SURPRISES.\*

By James T. Wrightson, M. D., Newark.

I will consider my subject under three heads.

First: Consideration of the manifold phases and insidious appearance of disease when due to uraemic poisoning.

Second: Clinical reports of cases.

Third: Pathological summary.

The impression caused by unexpected events is always profound. The beginner, inexperienced and unskilled, as well as the busy practitioner, mature and circumspect, are continually confronted with situations which are unlooked for.

Viewing the vast subject of medicine up and down the line from the broad, though often shallow, view of the general practitioner, to the narrow, though often lofty, contemplation of the specialist, no etiological factor permeates more deeply and insidiously the various phases of disease than does uraemia. Its various manifestations, when understood or recognized, will prevent pitfalls for physicians and surgeons alike. And will interpret properly some forms of oedema glottidis for the throat specialist, some retinal disturbances for the oculist, impending eclampsia for the obstetrician, persistent headaches for the neurologist. It challenges the keen discernment of the general practitioner in properly accounting for an obscure gastritis or beginning oedema of the lungs, and the surgeon will be able to

discriminate better between operable and inoperable cases if he can detect obscure and latent kidney lesions. It is a subject the proper interpretation of which is comprehensive enough to appeal to the ablest diagnostician and inspire a painstaking practitioner with the determination of fighting for duty even after he has ceased to be animated by hope, and he may often win out. Generalities, as such, often cannot be directly proved; they have to be submitted to the test of particular instances, and to the citation of a few illustrations I will beg your kind attention and indulgence while I relate the following cases.

A man 42 years old, occupation, bank clerk, high liver, had periodical attacks of what was diagnosed epilepsy. The seizures seemed typical. The first attack occurred two years ago, and thereafter at intervals of three to four months. The first convulsion occurred while on the train. He became unconscious, but recovered consciousness in a short time—a matter of a few minutes, and went home. Three months after he was seized with a similar attack. A doctor saw him the next day and announced that he had epilepsy. Four months later I was called to see him. He was unconscious and had stertorous breathing, with rapid hard pulse. He was catheterized and the urine boiled solid. Croton oil and hot packs brought him to. On regaining consciousness he complained of severe headache. Within forty-eight hours albumen disappeared and remained absent. The next six weeks, during which time it was repeatedly examined, the urine was always of low specific gravity. Four months from that time he was again taken suddenly ill, and on my arrival was found dead in bed.

A woman, aged 59, left her home one wintry night in apparent good health. She had eaten a hearty meal. Within half an hour she was brought home in an unconscious condition; ashen in appearance, cold and clammy, with perspiration, pulse 100, weak and irregular. Moist rales of all degrees of intensity were heard over every

\*Read at the 139th annual meeting of the Medical Society of New Jersey.



region, of a colicky nature and increasing severity, part of her chest. The rales were so loud as to obscure the heart sounds absolutely. Within fifteen minutes she was conscious and complained of a sensation of suffocation to such an extent that she repeatedly said, "I am drowning." She was seized with violent paroxysms of coughing and raised a large amount of frothy mucous, very thin and watery, which she said was salty in taste. By the next morning her chest was comparatively clear, and she seemed to be in her usual condition of health. I saw the patient directly after being brought home, and agreed with the physician who had been called in the emergency, that we were dealing with a case of beginning oedema of the lungs, probably due to a nephritic complication. The diagnosis was confirmed by urinary analysis. When the rales had disappeared, physical examination revealed a slightly hypertrophied heart and an accentuated second sound, furthermore establishing the diagnosis of Bright's disease.

A woman, 45 years of age, had always been well until she began complaining of hoarseness. It was a slight ailment, she supposed, and consulted a throat specialist, who substantiated her belief and instituted a series of treatments, consisting of daily local applications to her throat to relieve the congestion. This course of treatment did not have the desired effect, and after a comparatively short time, a slight degree of dyspnoea became evident. This, too, was referred to her throat, the difference between inspiratory and expiratory stridor being overlooked. Her condition steadily progressed from bad to worse, yet the cause of the trouble was thought to be local. No general examination was made to ascertain the systemic condition until a consulting physician discovered that she had nephritic disease of an acute type,—which ended fatally in four weeks.

A woman 28 years old, the wife of a physician, engaged me to attend her in confinement. She was a picture of health, and everything seemed to point to an easy delivery. The urine was regularly examined from the fourth month at intervals of two weeks. She progressed without any misadventure to the 7½ month of her pregnancy, when labor set in. After having been in active labor for four hours, she was suddenly seized with a convulsion. Four days before this her urine had been examined with a negative result. It had always been of high specific gravity.—There had been no sign, even of headache or indigestion, or any symptom referable to any kidney disease. Her delivery was promptly effected after which she had two convulsions. During the progress of her labor, after her first convulsion, she was catheterized and her urine contained a large amount of albumen. Hyaline casts were found, subsequently. After delivery the albumen was rapidly reduced in amount to a mere trace, and the hyaline casts disappeared. But the specific gravity remained low. She made a very slow recovery, and is still restricted in diet. She was confined in February, 1904.

A woman somewhat past middle life,<sup>1</sup> who claims never to have been sick enough to require medical attention, was suddenly taken ill one evening in October, 1899, several hours after supper. She was seized with violent pains in the epigastric

so that by 10 o'clock that night medical aid was summoned. The patient was writhing in pain, restless, nauseated, and really felt so sick as to be perfectly indifferent to her surroundings. In consequence it was impossible to get a history from her. Her daughter announced that after supper she had left her mother in her usual good health, that the latter had eaten freely of apple dumpling, perhaps too freely, and on the daughter's return she found her mother in the condition described. Acute indigestion, due to indiscreet eating, seemed to be her trouble, and one-sixth of a grain of morphine seemed to me indicated. The injection was given in the arm in the usual way, but before the entire contents of the barrel were discharged the patient went into collapse. Her jaw dropped, stertorous breathing followed, muscular tone was absolutely abolished, and the pulse was very rapid and scarcely perceptible. On the endeavor to arouse her, ineffectual attempts at speaking only could be elicited. The situation was terrifying. Artificial respiration was resorted to and a nurse was summoned. Her temperature proved normal. The urine was drawn, and when boiled became solid. She remained in a very precarious condition for four days, at the end of which time the albumen was reduced one-half. The bowels and skin were actively stimulated to favor elimination. Her mind became clear, and by the end of three weeks she was restored to her general condition of well being, and the amount of albumen was reduced to a mere trace. Casts were never present. She was advised to adopt a regular diet and keep in touch with her physician, and have her urine examined from time to time. However, as she improved she was influenced to disbelieve that her condition had been precarious, and this opinion was substantiated by several doctors whom she had subsequently consulted. Having in this manner flitted about from one doctor to another, she had attained a wide personal range of conjecture, and became incredulous, so she decided to go abroad for further advice. While there she was seized with a similar attack of epigastric pain, and the physician consulted, an eminent authority, diagnosed her condition as one of gall-stone colic. She had never been jaundiced, though of course we no longer look upon the absence of jaundice as indicating absence of gall bladder trouble, and an operation was proposed. She stated that one doctor in America had informed her that she had kidney trouble. After careful examination of her urine it was agreed that such was the case, yet not sufficiently marked to interfere with operative procedure. Accordingly she was operated on, cholecystotomy was made, and gall-stones removed and gall bladder drained. The post-operation pain was so marked that morphine was resorted to with exactly the same results as on the night described above, and her life was despaired of. Nevertheless, she recovered after a protracted illness, and returned to America in apparent good health. This continued from October, 1901, till June, 1902, when she was again seized with pain in the epigastric region, and the doctor who had first seen her was reinstated in her favor, and consulted.

The region of her gall bladder was tender and flat on percussion. Pressure was extremely painful, and there was a tendency to jaundice. The next day she was markedly tender and the jaundice was pronounced. The scar tissue marking the previous line of incision was infiltrated and indicated inflammatory trouble below, which con-

<sup>1</sup> Reported by Dr. Edward Staehlin in paper read before the Practitioners' Club of Newark, N. J., April, 3, 1905.



dition was substantiated by rapid pulse and temperature of 101. Empyema of the gall bladder was diagnosed, and she was treated expectantly, her past record showing little benefit from operative interference, for her urine contained marked traces of albumen. However, she grew rapidly worse, and it was decided to open up the gall bladder and drain the same permanently. Any attempt to look for obstruction in the common duct seemed inadvisable, owing to her previous history and the magnitude of the operation. This accordingly was done without anaesthetic or narcotic, and the gall bladder was found to contain a large quantity of pus. This was evacuated and was followed by a flow of thick, ropy bile. A drainage tube was inserted and kept permanently in place, and all in all she had a comfortable life, barring the discomforts of the drainage. She continued to do well till the latter part of 1903. She then sought advice again because she had grown so weak and had lost flesh, in fact she was emaciated to a marked degree, because of the constant flow of bile and its elimination from the digestive function. I should mention that on three occasions during the interim from the second operation to the winter of 1903, when the tube had come out and she could not replace it at once, she became jaundiced immediately and had severe pain in the epigastric region. Of course it was highly probable that she suffered from an obstruction of the common duct by a stone which had not been removed during her first operation. She was desperate and wanted something done. The undertaking of another operation was carefully considered by her doctor here and opposed because of its magnitude, and in consideration of her past history. Her symptoms continuing for several months and gradually growing more urgent, she decided to again return to Europe and consult the surgeon who had previously operated on her. He deemed it advisable to take the chances and did it cholecystotomy, and found a large stone in the common duct, which was removed. She made an uneventful recovery. No opiate was administered. And since her return to America in 1904, she has regained her weight and is apparently in good health. The uraemia here is secondary, and in all probability her kidneys are organically sound. The irritation produced by the gall stones must have influenced the vaso-motor nervous system to such a degree as to prevent the elimination of all excrementitious toxins.

A man, 49 years of age, druggist, whom I see daily, and have always considered perfectly well, called on me complaining of very severe headache accompanied with nausea, vomiting and diarrhoea. There was nothing to account for these symptoms other than the ingestion of broiled lobster and two bottles of Bass ale two nights previously. He is an habitual drinker of beer. The headache was of such severe type that I examined his urine, simply from force of habit. I really did not expect to find anything wrong with the urine,—yet, to my surprise, the urine boiled nearly solid. There were no casts. Large doses of epsom salts and hot pack were given, and within thirty-six hours the urine was free from albumen, and has since remained free, after repeated examination, over a period of two years.

Some years ago a physician was called in consultation to see a young lady who had been ill for several days. The attending physician was

puzzled as to the nature of the disease, but expressed the grave fear that his patient would die. The patient was unable to speak or perform any voluntary act. There were slight involuntary twitchings, her skin was cold and dry, there was no fever, and she could be made to understand what was said to her when the voice was raised. Her urine was free from albumen, but of light specific gravity. She had been in this condition for four days, prior to which time she attended to her daily work and seemed well. The consulting physician was not inclined to regard the case as serious,—regarding it as one of hystero-epilepsy, similar to many he had seen in active ambulance service, and prescribed carminatives. That night the patient died. Rather crestfallen by the dire outcome, the history of this case and its fatal ending was narrated to an eminent pathologist who, in turn, narrated an identical history. The patient, a woman, was brought into Bellevue Hospital by an ambulance surgeon with a diagnosis of hystero-epilepsy. The diagnosis was concurred in by both house and visiting attendants. Carminatives were prescribed, and in case they failed the patient was to be given a cold water bath. She expired as soon as the latter mode of treatment was resorted to. The autopsy revealed contracted kidneys, indicative of chronic interstitial nephritis.

Some years ago our local, as well as some of the New York papers appeared with a sensational heading: "Poisoned in Prison." The case in question, briefly rehearsed, is as follows:

A man of unsavory reputation was imprisoned in our local jail in consequence of misdemeanor warranting such punishment. Before his imprisonment he was wont to accuse police officials of receiving protection money from disorderly houses. Hence the motive.

Shortly after his admission, the prisoner became violently ill with an attack of nausea, vomiting and diarrhoea, accompanied with severe headache,—so severe were the symptoms that he was transferred to the City Hospital for proper treatment. There he became so violently ill that his life was despaired of and his condition led to the ante-mortem statement that one of the police officials had poisoned him, and so he died within twenty-four hours. These circumstances, together with the unsolicited intrusion of unscrupulous so-called expert opinion, were just what was necessary to fan public opinion into glowing flames of sensation. I refer to the famous Cushman case in Newark in 1895.

The case was one of uraemia due to chronic interstitial nephritis, as substantiated by autopsy. There is no doubt that uraemia is the result of an intoxication caused by excrementitious products which are not eliminated but retained in the circulation. Which special toxins or com-

plex toxins these are, is still a question. Not only are we in doubt as to the chemical composition of the toxins which cause uraemia, but the *modus operandi* of these toxins is also still a question. Certain it is, however, that the effect is chiefly one of cerebral disturbance, especially cortical; but whether the action of the toxins is a direct one upon the cerebral centres or upon the blood vessels is unsolved. In a large class of cases of sudden death from uraemia, the autopsy reveals large effusion into the ventricles of the brain. The onset resembles absolutely an apoplectic attack induced by an extravasation of blood into the brain. In fact, older writers supposed the sudden occurrence of serous effusion into the ventricles to be a pathological condition sometimes giving rise to apoplexy. The apoplexy attributed to this condition was distinguished as serous apoplexy, but Flint in 1873 stated that certain of the cases of serous apoplexy, as well as apoplexy without appreciable changes within the cranium after death, were cases of uraemic coma. Uraemic coma suddenly developed is to be reckoned among pathological conditions giving rise to apoplexy. In the majority of the cases of uraemia the coma is developed more or less gradually, but cases occur in which the abolition of consciousness may be, properly enough, called apoplectic. Clinical experience, too, substantiates absolutely the belief that uraemia is caused by the retention of excrementitious products in the circulation, for uraemic symptoms, invariably show themselves when there has been a marked reduction in the secretion of urine, provided there has been no vicarious elimination by skin, bowels, etc. It must be admitted on the other hand, however, that often in cases of complete anuria lasting for days, there are absolutely no signs of uraemia. The only explanation seems to be the peculiar tolerance certain nervous systems have for the invasion of these toxins. Still more difficult is it to account for uraemic seizures occurring in nephritics who have been passing urine in sufficient quantity, as well as the normal amount of solids. It seems rational, in offering an explanation, to suppose that minimum amounts of solids are nevertheless retained until finally their cumulative action, plus some slight depression of the nervous system, causes a uraemic seizure. It is in this way that I explain the onset in these cases which I have summed up under the name of uraemic surprises. I feel that in these

cases the various excrementitious products have insidiously been absorbed to the limit of tolerance, and then some cause, slight in itself, a mere bagatelle, as exposure to draught while perspiring, or exposure to damp or wet influences, or overloading of the stomach, or enfeebled heart action due to wakefulness in course of prolonged labor, etc., is sufficient to cause an explosion, due to the endeavor of the vaso-motor system to eliminate the excrementitious products. The ultimate outcome depends upon the efficiency of the eliminative functions of the various organs and the resisting power of the general system, particularly the nervous system.

We are all caught napping now and then, and so invite surprises. To obviate surprise in uraemia one must have a constantly expectant attitude of mind, power of accurate and close observation, and trained skill in physical diagnosis.

#### DISCUSSION.

**Dr. Ellis W. Hedges, of Plainfield.**—One of the greatest surprises in connection with this subject was given by one of the reporters in town who got hold of the program of the society. In a day or so after a notice appeared in print that I was to discuss a paper on "Uraemis Surprisus."

There is a fascination about anything which is unknown and apparently unknowable, and this is true whether it comes to the explorer in darkest Africa, to the lover in striving to learn the inmost thoughts of a young woman's heart, or to the doctor in looking for the cause of cancer, or the X-ray. We are charmed by any unknowable subject.

The doctor in his paper has given us the cause of the conditions referred to, and most of them, so it seems, must have been due to the retention of certain excretions in the system which, for some reason, had not been gotten rid of. Yet it is a fact that the kidneys have been removed and the patient has lived two weeks without any development of uraemia, and with a complete anuria, the patient really dying of exhaustion. Some claim that the symptoms are due to certain secretions in excess in the body. Dr. William H. Thomson, of New York, has been convinced of this and he argues that the secretion of adrenalin in excess is what causes the condition. The injection of this substance into a healthy individual produces some arterial tension and many of the symptoms of uraemia. Another notion is, and this has been proved repeatedly by the findings at autopsy, that in chronic nephritis the invasion of the kidney by the colon bacillus may set up a uraemia which did not before exist. Sometimes there are disturbances in the circulation and a stasis in the peripheral portion of the brain. It is certainly surprising how often we find ourselves combating the condition of uraemia when we least expected it. In obscure cases, such as a persistent neuralgia, or headache, in which an examination of the urine shows there is no albumin nor casts, uraemia may be found to be present. Whenever the



kidneys instead of excreting 300 grains of urea a day, throw off as low as 55 or 150 grains, we may suspect premonitory symptoms of uraemia and we should do well to work along this line. I had an interesting experience with a woman who had headaches of two years' duration. By living upon a non-nitrogenous diet she made a complete recovery. Some of the other conditions met with in uraemia are a sense of prostration, polyuria, renal asthma, either continuous or paroxysmal, Cheyne-Stokes respiration, persistent vomiting, stomatitis, dyspnoea, etc., which cannot be explained in any other way. In uraemia the tendon reflexes are exaggerated. This is an important diagnostic point in determining whether you are dealing with a drunk, a case of apoplexy or a case of uraemia, exaggeration of the patella reflex and ankle-clonus not being present in the two former conditions.

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**Dr. Henry Mitchell of Asbury Park:**—We are indebted to Dr. Wrightson for the graphic clinical picture of uraemic poisoning which he has presented.

Concerning the pathogenesis of uraemia and the toxicity of retained urea, Stern suggests that the high degree of concentration of this substance in the blood disturbs the normal osmosis of the tissues, and causes pressure or mechanical irritation of the psychomotor centers.

The phenomena of uraemia are, as Dr. Wrightson has so clearly pointed out, composed of a multitude of unlike manifestations in different patients, indicating that the exciting cause is not due, in all cases, to the same conditions. Unquestionably all uraemic symptoms are to be attributed to changed conditions of the blood, and show that its serum contains some foreign substance. The appellation "Bright's Disease" carries with it no definite meaning as to its pathology, for it covers many tissue changes in the kidney, and, as Dr. Wrightson has said, the resulting effects upon the nervous system are in great contrast in different individuals.

In the certification of deaths believed to be due to any of the consequences of uraemia, physicians usually name Bright's disease as the cause, and in tabulating these deaths under the Bertillon system, they are placed in group ninety-seven. The deaths from this cause rank seventh in the list and during the years 1900, 1901, 1902, 1903 and 1904 the deaths in New Jersey from this cause numbered 1620, 1246, 1371, 1686 and 1722 respectively.

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**Dr. William H. Murray, of Plainfield:**—I should like to relate a case that closely resembles one described by Dr. Wrightson. Nine years ago the patient, twenty-five years of age, appeared at the Presbyterian Hospital for treatment of an abscess of the right kidney. The kidney was found to be thoroughly disintegrated, but was not removed. He recovered from the operation after a slow convalescence. He had a fairly comfortable time until last fall, when he began to suffer from symptoms of enlarged prostate. That condition was combated by various measures, but he was compelled to again enter the Presbyterian Hospital, when the two lateral lobes of the prostate were removed. Following the operation unusual manifestations appeared; he became slightly uraemic, and there was an elevation of temperature. However, af-

ter four weeks, he left the hospital and came under my care. I continued the treatment begun at the hospital, washing the bladder through the perineal wound and a sound was passed into the bladder. For forty-eight hours there were no symptoms; then anuria set in, uraemia rapidly developed and for four days he was very ill. The rectal temperature reached 106°F. and acute mania appeared. He was a very sick man for a week or ten days, and no further effort was made at passing sounds or washing the bladder. It was then determined to begin these proceedings again and accordingly the bladder was washed out. About twenty-four hours after anuria and uraemic symptoms again appeared. Recovery from these followed. He then complained of pain in the neighborhood of the right kidney. As the result of an X-ray examination a stone was found in the stump of the dilated ureter which was successfully removed. Those of us in charge of the case have wondered how far the presence of a calculus in the kidney militated in causing the attacks of uraemia and also whether its presence could explain the delayed manifestations. As will be remembered the first attack appeared forty-eight hours after passing the sound and the second attack twenty-four hours after washing out the bladder.

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**Dr. N. L. Wilson, of Elizabeth:**—This subject was brought strongly to my mind by discovering a case of interstitial nephritis when making an examination of the eyes. Three weeks ago a patient came to me suffering from headache and general symptoms of nephritis. I found an albuminuric retinitis and also that the patient had been under the care of a physician in New York City, consulting him once a week. The doctor had not examined the patient's urine and was not aware of any kidney lesion. The patient stated that, in all probability the doctor had not examined his urine because three or four years ago he had had a supposed cerebral gumma and he had been treated weekly for symptoms arising from what was supposed to be syphilis. I saw this patient at one o'clock this morning when I found him suffering from oedema of the lungs and he will probably live but a very few weeks. This shows how careful we should be not to get into a rut; showing, as it does, that the patient can get near death's door before we awaken to the fact that there is some serious kidney lesion.

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**Dr. J. T. Wrightson, of Newark (Closing.)**

I desire to thank the members of the society for the attention they have given the paper and the lenient manner in which they have discussed my remarks. I did not enter into the causation or treatment of nephritis. Recently a case occurred in New York city where one of the most eminent practitioners of medicine was called to see a patient, who had pronounced obstruction of the bowels, probably a volvulus, and a surgeon was called upon to perform a laparotomy. The patient died within a few hours, no intestinal obstruction being found. The pathologist who made the autopsy told me that this was a case of uraemia and that occasionally in such cases the only symptom present is vomiting. This patient died of Bright's disease. Vomiting was the only symptom present which made the surgeon suppose the patient had intestinal obstruction.



## ESSENTIALS IN DIURETIC TREATMENT.\*

By Alexander McAlister, M. D., Camden,  
N. J.

The frequency with which purgatives are employed for combating disease, or otherwise, is evident in the tons of such drugs yearly consumed. In most diseased conditions their value is not to be underestimated. Indeed, some authorities would make purgation synonymous with physical well-being. The extent to which such remedies are abused or misused is foreign to my theme. It is sufficient to recognize that their use is flagrantly prevalent and that it is not restricted to the laity's self-treatment or the employment of quack nostrums.

Next in importance to purgatives, as a class, must be ranked diuretics. Few diseased conditions are not improved more or less by the proper use of such remedies. Generally speaking, diuretics are indicated in all kidney diseases, as well as in all morbid conditions of other parts of the genitourinary apparatus. Nor is their utility restricted to these diseases. It is a notorious fact, however, that when such remedies are most urgently indicated their effects are often most difficult, if not impossible, to obtain.

If purgatives can be administered in a haphazard style without positive injury, diuretics cannot be so employed. This is owing to the delicate character of the renal secreting cells and the position of the kidneys. The selection of remedies to restore or quicken the excretion of urine demands care while the administration of such remedies, to be effective, requires proper attention to the patient's condition. These demands give special importance to diuretics—a fact too frequently disregarded. Strictly speaking, a diuretic is always a locally acting drug. The action may be direct upon the secreting epithelium. This action is always that of an irritant and when prolonged or excessive will provoke congestion and inflammation. In either instance diuresis is rendered impossible.

Again the action of the remedy may be indirectly local, through the medium of the blood or the vessel walls. Increased volumes of the blood or increased vascular tension both favor the filtration of urine through the renal epithelium. As above,

both, when excessive, produce renal engorgement and stagnation. This indirect action may be obtained through the effect upon the renal blood vessels, as by dilation or constriction of the arterioles.

The kidneys occupy an intermediate position between the other two great emunctories, the intestines and the skin and are most intimately intertwined with these in their functions. The three organs are supplemental and auxiliary, and it may be compensatory, to one another. No increase or decrease of function is possible in any one organ without disturbance in the others. This is a capital fact in the maintenance of normal health, as also in the treatment of disease. However, its part in the production of disease must not be disregarded. When the bowels are loose or the sweat glands active, stimulation of the renal function is not possible. On the other hand, when these are normal the proper use of diuretics results in what has been aptly termed "lavage of the kidneys" or "washing of the blood."

Tissue metabolism is neither increased nor diminished by diuretic treatment save only as a thorough cleaning out of the smoke stack makes an engine consume coal more rapidly. Hence it is only incidentally that increased urinary solids are eliminated. The gain is in the output of fluids, and in this swollen stream the kidneys are cleared of retained mucus, broken down epithelium and crystalline matter and the tissues and blood washed of all soluble effete material. Much that has been written in the past in exploitation of chemical diuretics, almost exclusively drugs of inorganic origin, is now classed as mere "poetry" and too visionary for clinical use. Fancy theories these. We have learned that in this particular there is a vast difference between the test tube and the human system.

Diuretic treatment which presumes the liberation of *nascent* reagents in the blood, that they may chase up and down the tissues till their chemical greed has been satisfied then yield themselves to the kidneys to be expelled from the system is widely theoretic, to say the least. Yet substantially such claims for fancy diuretics are daily paraded before the profession. Calculi are quite easily dissolved in a crucible, but the body is not a crucible. In the selection of diuretics increasing preference is given the simplest remedies. For the most part these are the older members of the United States Pharmacopeia and chiefly vegetable products. The reason for this is clear and

\*Read at the 139th annual meeting of the Medical Society of New Jersey.

abundant. Their value is established beyond all peradventure. They suffer comparatively little, or no, change in passing through the alimentary canal. These are sterling facts, but the third reason which may be named is distinctly superior. These remedies do not disturb the processes of digestion. On the other hand, they rather stimulate these functions. This applies to the vegetable acids and their salts and to certain resin-bearing leaves of which buchu is the type. Much accumulated experience has rendered possible such blending of certain drugs as to produce practically ideal diuretic mixtures. The employment of such mixtures with due regard to well-known laws of physiology will seldom fail to yield the maximum diuresis without delay or injury.

These laws pertain to the co-related organs, namely, the bowels and skin. When the former are locked, they should receive proper attention before special diuretic treatment is inaugurated. The purgative employed should be chosen with particular reference to the general condition of the system. Presumably a briskly acting saline will answer best in the majority of cases.

The special diuretic power of water is to be added to that of the remedies selected by liberal potations with each dose and during the intervals, if it can be borne with comfort. When diuretic treatment is instituted to remove accumulated fluids, water must be eschewed as far as comfort will permit. If the patient is able to walk about very moderate exercise in an airy room or in the open air should accompany the treatment. Exercise which provokes perspiration will foil the purpose of the treatment. If the patient is bed-ridden the room should be kept as cool and the bedding as light as comfort will permit. This will be facilitated by cool drinks, as already indicated.

It is presumed in these remarks that nephritis and grave cardiac disease are absent, two conditions in which every diuretic treatment will fail. In these diseases the auxiliary emunctories must be stimulated to allow the kidneys the maximum of rest.

Finally, what remedies must be blended to prepare an ideal diuretic mixture? They are not new, nor are they "made in Germany".

Buchu, with one or more other members of its valuable family, one of the vegetable acid salts, a nerve sedative for a corrective and an ether to aid diffusion constitute such a mixture. When a distinct astringent is indicated preference is to be given to

uva ursi. If for any reason the volatile diffusible effect is especially called for oil of juniper should be added to the remedies already indicated.

As already stated this mixture possesses no novelty; but the point to be emphasized is that its general utility and reliability are commanding increasing attention. No synthetic or inorganic remedy or remedies, old or new, approach it in value.

#### DISCUSSION.

**Dr. H. H. Sherck, Camden.**—Heidenhain maintained that the more rapid the flow of blood through the glomerular capillaries, the more copious the flow of urine. When the blood pressure is high, the urine is abundant, when it is low the urine is scanty. Therefore, when the skin becomes cold by the contraction of the vessels, the blood pressure is slightly raised, the urine becomes more abundant, less dense and light colored. On the contrary, when the surface of the body is exposed to a very warm atmosphere the superficial vessels dilate and the blood pressure falls somewhat and the urine becomes scant, dense and high colored.

Indications for saline diuretics:

First.—To remove morbid accumulations of serum.

Second.—To neutralize an excess of acid in the urine. In acute nephritis salines are harmful, especially in the earlier stages of inflammation, when, however, the inflammation has subsided and the flow of urine is prevented by a blocking up of the uriniferous tubules, they may become useful in hastening the removal of these impediments.

Caffeine is indicated in cardiac and hydræmic dropsy, especially when the heart is fatty.

Calomel: The diuretic power of calomel was discovered by Jenderssik, in 1886. I believe it is a much neglected remedy. The polyuria does not begin on the first day of its administration, but usually on the second, third, or even fourth day. The quantity of urine then increases very rapidly and as a rule polyuria continues until dropsy has entirely disappeared. In a case of extensive dropsy, the maximum quantity of urine voided in one day was 20 pints. Owing to its tendency to produce diarrhoea, it should be guarded with small doses of opium, to prevent its effects on the mouth, prophylactics should be used in the beginning of the treatment. Jenderssik states that one and one-half grains is the best single dose and should be given eight or ten times daily. It should not be continued when polyuria has once been fully established.

Hare divides diuretics into two classes:

First.—Those that increase both solid and liquid constituents of the urine.

Second.—Those that increase the liquid without increasing the solids proportionately.

Under the first class are: Caffeine, Squills, Cantharides, Buchu, Vegetable salts of potassium, Lithium, Juniper, Turpentine, Uva Ursi, Cubebs, Chimaphila, Pareira brava, Blatta.

Second class: Digitalis and sweet spirits of nitre.

**Dr. Alexander McAlister (Closing).**—My only object in reading this paper was to call attention to some of the simpler diuretics. I think



the time is coming when the doctor will be driven back to the simpler remedies. There are so many "new" remedies on the market to-day that are simply old ones under a new name.

## TREATMENT OF CONVERGENT SQUINT IN YOUNG CHILDREN.

By Linn Emerson, M. D., Orange N. J.

In this paper the variety of squint designated as "convergent concomitant" will be the only one considered. Since the paralytic variety and the cases due to congenital defects of various sorts form such a small per cent. of cases, and are little amenable to treatment other than operative, which at best is far from satisfactory, they will be excluded. Esophoria which Valk designates as "latent squint" will also be omitted, as, in my opinion, it is a distinct entity by itself.

Since this society is largely made up of practitioners of general medicine the subject will be presented in a manner which I trust will be of interest to them. In fact I desire to make this paper appear in the light of an appeal to the general practitioner.

Cases of squint are generally first seen by the family physician and, in most instances, his advice is sought as to the advisability of beginning treatment. Surgery has made rapid strides during the past twenty-five years and in no department has the improvement been greater than in this "orthopedic surgery" (if I may so call it) of the ocular muscles. In my opinion the physician who advises "waiting for the child to outgrow the squint" or says "the child is too young to wear glasses" is as remiss, as he who advises a waiting policy in acute appendicitis. I desire to state unqualifiedly that *no* child is too young to begin treatment or to wear glasses, if the glasses are properly fitted optically and mechanically. Any oculist who states that children of three, two, or even one year of age are too young for glasses has either never given them a fair trial, or is lacking in skill or patience.

The etiology of squint was little understood until the appearance of Donder's work, and his clear elucidation of the causal relation of hyperopia and hyperopic astigmatism has never been successfully controverted.

The arguments of the opposers of Donder's theory are easily refuted. The denial of the existence of amblyopia ex anopsia can have but little weight with a sur-

geon, who has seen dozens of cases, while under proper orthoptic training by methods to be soon described, in which the vision in the squinting eye has risen slowly and progressively from  $\frac{2}{100}$  or  $\frac{20}{100}$  to  $\frac{3}{10}$ ,  $\frac{2}{10}$ ,  $\frac{3}{10}$ , and in some few instances to even  $\frac{4}{10}$ .

But they say "a large per cent. of hyperopes do not develop squint, and some cases of convergent squint have no hyperopia." Conceded. But reasoning along the same lines, a large per cent. of syphilitics do not develop tabes and in a certain per cent. of tabetic cases no specific history can be obtained, but these facts do not disprove that ninety per cent. (as given by most authorities) of tabes is due to syphilis. The secret of why so many hyperopes do not squint seems to have been satisfactorily answered by Worth, who attributes the occurrence of squint to deficiency or absence of the fusion faculty.

Since the motor nerve supply of the ciliary muscles, governing accommodation, and the internal recti muscle is the same, it can be readily understood how the hyperope in the excessive effort to accommodate develops internal squint. The point, not clearly understood, was why a larger percentage of hyperopes did not squint, if hyperopia was the exciting cause of convergent squint. This question has been satisfactorily answered by Worth, who finds in his large series of cases, that to develop convergent strabismus the patient's fusion sense must be wanting. Given this condition the hyperope readily becomes a squinter.

It has also been noted that the cases with low grade and high grade hyperopia do not develop squint as readily as those of moderate grade. This is easily explained as the low grade cases are not compelled to exercise excessive accommodation to obtain distinct images. The high grade cases are unable to secure distinct images even with maximum accommodation, so the effort is abandoned, and one of the chief exciting causes of convergence is removed. Another most interesting point is, that the squinting eye almost invariably contains the greater amount of refractive error, which readily explains why the other eye is selected for fixation.

Worth's monograph on the subject is founded on his observation of over 2,200 cases, and since it is such a classic on this subject I desire to quote from it as follows:

1. From the preface: "In cases of monolateral convergent squint, the usual

\*Read at the 139th annual meeting of the Medical Society of New Jersey.



routine treatment by glasses and operation gives extremely unsatisfactory results. In about one-third of these cases the wearing of glasses causes the eyes after a time to become 'straight'. In the other two-thirds, the deformity may be more or less removed by operation, but more often than not the deviating eye becomes very blind, and the acquisition of any sort of binocular vision is quite the exception. On the other hand cases of monolateral squint in which treatment is commenced early and carried out by the methods described in these pages, are nearly always perfectly cured, having good vision in each eye, and good binocular vision."

From pages 25 and 28: "Two essential conditions are present in every case of concomitant convergent squint. 1. An abnormal convergence of the visual axes. 2. A defect of the fusion faculty. [Other conditions may also be found.] 3. The vision of the eye which is not being used for fixation is almost invariably suppressed. 4. There is in rather rare instances more or less congenital amblyopia. 5. There is very often acquired amblyopia in the deviating eye, as the result of neglect or inefficient treatment. 6. There is usually a refractive error, commonly hyperopia and hyperopic astigmatism."

"Convergent squint presents certain clinical varieties. These may be conveniently classified as follows: 1. Occasional squints, of which there are two classes, (a) Premonitory occasional, (b) True occasional. 2. Constant monolateral squint. 3. Alternating squint. Of these there are also two distinct classes, (a) Squint, which accidentally alternates, (b) Essentially alternating squints."

In a series of over 1,000 cases he finds eighty-five per cent. monolateral. The following table shows the age at which the trouble began:

Before 1 year,	134 cases
Between 1 and 2 years,	186 "
"    2 and 3    "	247 "
"    3 and 4    "	189 "
"    4 and 5    "	113 "
"    5 and 6    "	73 "
After 6 years,	75 "

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1017 cases

As will be seen, over ninety per cent. developed before the sixth year, and nearly sixty per cent. before the fourth year. Since these cases begin so early in life, why leave the treatment for a later period? What would be our opinion of the orthopedist

who advised that cases of talipes go until the child is ten or twelve years of age and then be operated? Yet that is exactly what was formerly advised in cases of squint, and I regret to say such advice is given even at the present time. Worth states that the fusion faculty develops before the sixth year and very few cases secure perfect binocular vision after that age. He gives three grades or degrees of fusion: First grade, Simultaneous macular perception; second grade, True fusion with some amplitude; third grade, Sense of perspective.

The apparatus used to develop the fusion faculty is an ingenious device of Worth's which he has named the amblyoscope. It consists of two adjustable tubes joined by a hinge and by its use it is possible to bring about simultaneous macular images no matter how great the degree of deviation. The plan followed in the treatment of these cases is as follows: 1. Optical correction. 2. Occlusion of the fixing eye. 3. The use of atropin in the fixing eye. 4. Training of the fusion sense. 5. Operation.

The fitting of these cases with proper glasses before the age of six is almost entirely done objectively by the employment of the "shadow test". I have found it a good plan to give full correction in the fixing eye and .50 D. less than the full correction in the squinting eye. The occlusion pad for the fixing eye is an ideal plan of treatment, but in many instances the up-ruly child refuses to wear it, and the parents object to the use of the adhesive plaster covering. However, I enforce its use when possible.

The blurring of the fixing eye by the constant use of atropin is, in my opinion, the most important point in the development of the amblyopic eye. This can be carried out for months at a time with an occasional respite with no danger whatever to its future function. The patient must be kept under observation, as Worth reports one case in which too long continued use of atropin transferred the squint to the sound eye.

This also occurred in one of my own cases with resulting reduction of vision in the fixing eye and increase of vision in the squinting eye. This case alone has satisfied me that there can and does exist a true amblyopia ex anopsia. When the squint is alternating I often use atropin in both eyes constantly, adding +3.00 S. pasters to the distance correction, making the patient practically presbyopic. This in a great

measure removes the desire for accommodation and lessens the tendency to squint.

So far as I am aware this idea is original, as I have no knowledge of its having been used or recommended by any other worker along these lines.

The training of the fusion faculty requires time and patience. The confidence of the child must be secured, and in many instances it must be done in a spirit of play. The man who does not love children or cannot overcome their shyness will labor at a great disadvantage. As soon as fusion of the first degree is obtained they can be given a stereoscope and a set of Krolls pictures for home use.

This plan of treatment in no wise interferes with any operative procedure to be taken up later. In fact, the chances of parallelism following an operation later are much enhanced by previous orthoptic training. As to just what operative procedure should be undertaken, the claims made for the various operations would seem to prove that each one has its place.

The surgeon who has had a case under observation for two or more years should be able to discriminate with judgment as to whether his patient should have, 1. Simple tenotomy on one or both eyes; 2. Tenotomy and advancement on one; 3. Panas operation of stretching and tenotomy on both; 4. Advancement on one or both, or 5. Some one of the various tucking or folding operations. Each case must be a law unto itself.

My personal preference is for the advancement operation of Dr. Wootton as modified by Dr. J. J. Thomson. The results are much more satisfactory if the orthoptic training is continued after the operation.

The operation of Panas as a routine procedure is, in my opinion, very poor surgery. Over correction often follows, and the resulting deformity is worse than the condition previous to operation.

As to the percentage of cures wrought by the optical and orthoptic method of treatment I have no statistics to submit at the present time. Largely through the courtesy of my chiefs of clinic, Drs. Van Fleet and Lewis, at the Manhattan Eye and Ear Hospital, I have treated upward of 200 cases during the past two and a half years. A certain per cent. of these cases have been cured, but nearly one-half of them are still under treatment.

The more cases I see the more I become convinced that treatment should be instituted

before the fourth year, as most of the cases seen between the second and fourth years yield rapidly to treatment. The cases seen early in life who have squinted but a short time are almost invariably cured in a few weeks or months. It would seem that Worth's claims are modest and that with improved technique from seventy-five per cent. to ninety per cent. of cases of convergent squint under five years of age can be cured by methods other than operative.

In the face of these facts it seems hardly possible that any practitioner of medicine will permit any of his little patients to go untreated until the squinting eye becomes hopelessly blind.

#### DISCUSSION.

**Dr. N. L. Wilson, of Elizabeth.**—Dr. Emerson is to be congratulated for presenting this subject so clearly before this society. This character of paper we usually hear read before a body of ophthalmologists, and to them it is not new. It seems to me the meat in the nut is to get the doctors' ideas as expressed in this paper, clearly before the general practitioner, for it is to him that these patients first come for advice, and we all know that it has been the habit of the general practitioner in the past to say to the parent of a squinting child do nothing until the child reaches the age of eight or ten years, then you can have the eyes straightened by an operation. It has already been brought out in the president's paper as well as by Dr. Emerson that amblyopia ex anopsia (that is loss of vision from disuse) is brought about by this squinting condition. Claud Worth, of London, has shown us that there exists within the brain a fusion center and that each eye receives upon the retina an impression which is conveyed to the brain where the two images are received. The function of the fusion centre is to fuse these two images into one, and thus avoid confusion. If for any reason the function of the fusion centre is interfered with, two images are apparent and the eye turns in, in order to obliterate one of the images. If the fusion centre can be stimulated the eye will again resume parallelism. Education of the fusion center can not be accomplished after the sixth year. Many of these cases of squint can be cured by properly fitting glasses, for most of them are hyperopic, and training of the fusion centre by means of the amblyoscope. I have seen some of the worst cases of squint, at the early age of four straightened by only six sittings before the amblyoscope. I think the theory of Worth has been generally accepted by most eminent ophthalmologists. It is our duty, to at least give the squinting child the benefit of this treatment and thus avoid the loss of vision from disuse of the eye or an operation.

**Dr. Charles J. Kipp, of Newark.**—With regard to operations for strabismus I do not believe an experience of three years amounts to anything. I have followed for thirty-five or forty years cases in which I obtained very satisfactory results at first and which now have divergent

strabismus. Whether the operation of advancement, without tenotomy, will produce permanently satisfactory results remains to be seen.

**Dr. Walter B. Johnson, of Paterson.**—I would like to say that the recommendation for treatment in the early stages of the disease is certainly one that should be well considered by the general practitioner, in order that the cases may be seen by the oculist and receive appropriate treatment at the proper time. There is one point upon which not enough stress has been laid. I believe that the treatment of the eyes by exercise of the function of vision by these various apparatus is very important. I believe that any patient who has already acquired the ability to suppress the vision of one eye, but still retains normal vision in that eye, may be prevented by proper exercise of the eye from acquiring the amblyopic condition. It is certain that the complete suppression of the visual image antedates the oncoming amblyopia for a period of time which differs in different cases. If one exercises the power of vision for a short period of time several times a day it may prevent the oncoming amblyopic condition. If the amblyopic condition does not come on very fast, preservation of the function of vision may be induced by engaging the eyes in the visual act conjointly, if possible, and parallelism may be thus acquired without any operative procedure whatever and thus the danger of subsequent divergence may also be obviated. It has been quite common in my experience to observe a number of cases in which there has been divergence at varying periods of time after surgical operative procedures for convergence. It is easy to understand this. The explanation I offered in my paper yesterday, that the internal muscles are weakened; when shortened by operation, a certain amount of muscular power is lost, and then parallelism cannot be attained and consequently the eyes swing out in due course of time. Binocular vision most frequently never having been attained, and no stimulus to the resumption of binocular single vision ever having been present to assist in overcoming the amblyopia.

**Dr. Linn Emerson, of Orange, (closing).**—

I wish to emphasize and lay greater stress upon what has just been said regarding the attitude of the general practitioner in these cases. We have found in private practice that sometimes when we advise this procedure the family will consult the family physician, and he will tell the parents that the child is too young to wear glasses.

With regard to the operative cases and what Dr. Kipp has stated I wish to lay stress upon the fact that I do tenotomy very seldom. As to the fact that two or three years' experience with operative cases does not signify much, that is true and I admit it. But out of 200 cases I have found it only necessary to operate on four or five, and on only one did I do a tenotomy; in the others advancement was done. If one does a tenotomy the eyes are often straightened for a time only. Ten or fifteen years later divergent strabismus occurs, and the resulting deformity is far worse than the condition for which the operation was performed. Hence the advantage of advancement over tenotomy.

## WEANING.\*

By Floy McEwen, M. D., Newark, N. J.

Weaning is imperative,

- a. When tuberculosis is present or develops in the mother.
- b. When the mother is a degenerate or becoming insane.
- c. During pregnancy.
- d. When mother's milk fails and ordinary methods of treatment do not improve it.
- e. In the event that the mothers have
  1. Uncontrollable tempers.
  2. Are unhappy in their homes.
  3. Are unwilling to nurse their babies or are irregular in habits of diet, rest and exercise, such mothers give no promise of successfully nursing their children. In fact, they will do their children incalculable harm if they attempt to do so.
  4. Nervousness in the mother is transmitted to the child and it is frequently utterly hopeless for a nervous mother to attempt to nurse her baby.

Weaning may become necessary,

- a. When the mother has to work out for a living.
- b. When the baby fails to gain or is losing in weight. Weigh it every week; it should gain 4 oz. a week during the first and second periods, and 2 oz. a week for the balance of the year.
- c. In persistent fissures or ulceration of the nipples.
- d. In puerperal eclampsia.
- e. In persistent fretfulness in the child.
- f. When persistent digestive disturbances in the child indicate a hopeless disproportion between the proteids and fats of the mother's milk.

Many of these conditions, however, may be largely overcome by appropriate treatment and readily yield to regulation of the exercise and diet and temporary mixed feeding. In mixed feeding both breasts should be given at each feeding in order to maintain secretion.

Weaning should be avoided

- a. In hot weather.

\*Read at the 139th annual meeting of the Medical Society of New Jersey.



- b. During or immediately following an acute illness.
- c. When the child is actively teething.
- d. During the presence and continuance of vomiting and diarrhea, unless such disturbances are directly caused by the faulty milk of the mother.

During disease pathologic bacteria may invade the milk. Streptococci and staphylococci have been found in puerperal sepsis, the pneumococci in pneumonia. In typhoid fever the milk may agglutinate the typhoid bacilli. The mere presence of these diseases, however, is not in itself sufficient to justify the withdrawal of the baby from the breast. Penet (*Int. Med. Mag.*, Oct., 1903).

The writer has likewise continued a child at the breast throughout the course of a lobar pneumonia without harm to the child and with the greatest advantage to the mother. He reports a case of puerperal sepsis complicated with broncho-pneumonia, with temperature of 105°. During the whole time the baby was continued at the breast without any ill effects and gained steadily in weight. The writer quotes 18 such cases of puerperal sepsis where the baby was continued at the breast with very good results to the child. It is wise, however, for the child to be kept away from the mother except during nursing. In the same way the presence of the infectious diseases in the mother does not necessarily contraindicate nursing. Infants have been nursed throughout measles, scarlet fever, influenza and smallpox in the mother without harm to the child.

The first step in weaning is to use a modified cow's milk and our first mixture should contain 2% of fat no matter what the age of the child. It is desirable also that at the beginning of weaning our proteids should be low—so for the purpose of making our food we endeavor to get a cream that shall carry a low percentage of albuminoids and such cream is found in the top 11 oz. from a quart bottle of milk—51 analyses made by Leeds showed this to contain approximately 10% of fat.

To introduce 2% of fat into 20 oz. of food, which is a convenient quantity of food to make at the beginning of weaning, we take 4 oz. from the top 11 oz. (not shaken). Add to it 8 oz. of a 10% sugar solution (1 oz. Squibb's milk sugar in 10 oz. of water) and 8 oz. of plain water.

The first food mixture in weaning, no matter what the age of the child:

Top 11 oz. from a quart bottle of milk ..... 4 oz.

Sugar solution (1 oz. sugar in 10 oz. water) ..... 8 oz.  
Plain water ..... 8 oz.

20 oz.

Boil for two minutes or preferably pasteurize by setting the bottles of food, lightly stoppered with absorbent cotton, in boiling water cooled down rapidly in cold running water to 30° F. (No milk should ever be given raw).

Of this food, the quantity to be given at each feeding will vary with the age of the child—these quantities are indicated in the following table:

Age	Hourly intervals	Number of feedings in 24 hours	Number of night feedings	Amount at each feeding	Total in 24 hours
1 week	2	10	1	1 oz.	10 oz.
2 weeks	2	10	1	1½	15
4 weeks	2	9	1	2½	22½
6 weeks	2½	8	1	3	24
8 weeks	2½	8	1	3¼	26
3 months	2½	7	0	4	28
4 months	2½	7	0	4½	31½
5 months	3	6	0	5½	33
6 months	3	6	0	5½	33
7 months	3	6	0	6¼	37¼
8 months	3	6	0	7	42
9 months	3	6	0	7	42
10 months	3	5	0	8½	42½
11 months	3	5	0	8½	43¼
12 months	3	5	0	9	45

To wean a baby three months old we commence with the foregoing food mixture and give 4 oz. at a feeding including one teaspoonful of fresh lime water. One bottle feeding a day is given at first, preferably in the middle of the day, the baby being put to the breast the rest of the 24 hours for three days. If the food is well borne and conditions are normal, we give two bottle feedings a day, one at 11 A. M. and the other at 4 P. M.; later, three bottle feedings a day at 8.30 A. M., 1.30 P. M. and 6.30 P. M., giving an extra bottle feeding every third day until the baby is entirely weaned. Just as soon as the baby is entirely weaned we gradually advance the strength of the food till we reach the food indicated by the weight and age of the child.

Advancement of the food in a case of weaning at 3 mos.

Top 11 oz. ....	4	4½	5	6	7	10
10% Sugar Solution...	8	8	8	8	8	13
Plain water .....	8	7½	7	6	5	5
Modifying Powder..	1	1	1	1	1	1
	20	20	20	20	20	28

Advance one step in the series every third day.

Advancement of the food in a case of weaning at 8 mos.

Top 11 oz. from a quart bottle of milk .....	4	7	8	9	10	11	11	11	11	11
Under milk .....	0	0	0	0	4	7	10	13	15	13
10% Sugar Solution	18	15	15	15	15	15	15	15	15	15
Water .....	8	8	7	6	5	4	12	9	6	3
Modifying tablet.	1	1	1	1	1	1	1	1	1	1
	30	30	30	30	30	30	42	42	42	24

Advancement of the food in a case of weaning at 10½ months (normal weaning).

Top 11 oz. ....	4	8	10	11	11	11	11	11	11	20
Under milk .....	0	0	0	0	4	7	10	13	15	15
Sugar Solution...	8	15	15	15	15	15	15	15	15	15
Water .....	8	8	5	4	12	9	6	3	1	7
Mod. tablet .....	one	—	—	—	—	—	—	—	—	one
	—	—	—	—	—	—	—	—	—	42

Advance one step in the series every second day.

At this time also we like to begin the use of cereal additions to the food in the form of cereal jelly made by adding two tablespoonfuls of Pettyjohn with a pinch of salt to a quart of water, boil for two hours down to one pint and strain while hot through clean cheese cloth. As soon as the bottle feeding is well advanced we commence the use of cereal additions by adding first one tablespoonful of the cereal to one bottle feeding a day. In two days, if well borne, we add a tablespoonful of the cereal jelly to two bottles. Then a tablespoonful to three bottles. Later we add two tablespoonfuls of the cereal to the midday bottle and so every second day we increase the cereal by one tablespoonful till we have two tablespoonfuls of cereal in the first, third and fifth bottles. The second bottle at 9 A. M. and the fourth at 3 P. M. being the milk mixture alone.

By this time the baby will be eleven months old when we advance the strength of the cereal by giving it in the form of cereal porridge made by adding six tablespoonfuls of Pettyjohn and a pinch of salt to one quart of water. Boil for two hours down to one pint. Do not strain. Keep covered or transfer to double boiler and keep warm for the following day's use. This to be eaten from a saucer with a spoon.

The strength of the milk at this time is also advanced as follows:

Whole milk .....	1 qt.
Plain water .....	6 oz.
Mod. Tab. ....	one
<hr/>	
38 oz.	

Pasteurize, cool down rapidly in cold running water to 40° F. and keep near ice. Orange juice is now added to the diet—the juice of ½ an orange pressed from a cut orange with a spoon, the outside of the fruit having first been washed and dried. It is best given in the morning 1½ hours after the first meal. At twelve months we add bread and butter toasted or plain, to the first, third and fifth meals.

In 1898 attention was drawn by Coit (*Arch. Pediatrics*, May, 1898) to the deficiency of potassium and sodium salts in cow's milk, who suggested that the difficulty could be overcome by employing a solution of potassium bicarbonate and, possibly one of sodium chloride, or the introduction of about one quarter the total amount of combined salts found in woman's milk. It was later pointed out by Coit that the quantity of potassium carbonate required was equal to 1-10 of a grain

for every ounce of food, and that the quantity of sodium chloride required was equal to ¾ of this amount. Compressed tablets containing these salts are now obtainable and are a convenient method of introducing them into the food. Such additions serve the purpose of supplying to the child elements which are essential to its growth.

Normal weaning is best done between the tenth and eleventh months. It should never be done abruptly unless some urgent necessity makes it absolutely imperative. If the baby is gaining its 4 oz. a week and the mother is bearing the nursing well there is no particular reason why breast feeding should not be continued up to the twelfth month. There is, however, much of advantage to the baby in adding other articles of food to its diet at about this time. When the normal weaning period falls in the hot summer months, it is best to continue the baby at the breast till cool weather. The dangers of such weanings are not so great for the child who lives in the country as for the city child. But in our large cities the days from the middle of June to the close of September are fraught with grave peril to the infant, and any abrupt change in the food is apt to be followed by serious consequences. The excessive heat of our large cities brings exhaustion and lowered digestive capacity, the ill ventilated quarters of the poor, the dangers of a poor milk supply, the bacterial development in milk with its trail of vomiting, prostration and diarrhea, all increase the dangers to the city child of weaning at this period.

When weaning at this period cannot be avoided we can minimize its dangers by contributing in every possible way to the baby's comfort. Its clothing should be light. It should be sponged off several times daily and always at bed time, with one-third of a basin of warm water (temperature 100°) to which a tablespoonful of witch hazel may be added, then dried and powdered. Cool boiled water should be offered the baby to drink several times during the day. It is best that the bowels move daily, if necessary by soap suds enema or gluten suppository. The baby should be as quiet and free from overheat and noise as is possible under existing conditions; sweeping should not be done in the baby's living quarters and cooking in small apartments reduced to a minimum; free ventilation of the sleeping apartments secured. The discomforts and debilitating influence of soft pillows as beds for the baby should be pointed out to the mother. It should be an absolute rule



that for  $\frac{1}{2}$  hour after feeding the baby should not be handled, spoken to or played with. It should be out in the open air every available moment—in the parks or along the river banks. The recreation piers of our larger cities are of the greatest possible help to the suffering baby and the tired mother. Napkins should be removed as soon as soiled; sources of irritation should be removed wherever possible; wrinkled clothing straightened out; the baby's clothes washed without starch; chafed and irritated buttocks soothed with Lassar's salve and finally the quiet and restfulness of shade trees should be sought.—Chapin long since pointed out that the foliage of trees has the property of reducing and regulating atmospheric temperature in their immediate vicinity. (*Pediatrics*, October 15, 1900, p. 311).

The recent establishment of Fresh Air Homes where children may be sent into the country for two or three weeks at a time is doing much to add to the comfort and welfare of the baby.

### CANNABIS INDICA.\*

By

Elihu B. Silvers, M. D.,  
Rahway, N. J.

The cannabis sativa (urticaceae) grown in the Southern United States and collected, while flowering, constitutes cannabis Americana of which there are no official preparations. It should not be confounded with asclepias incarnata, which is sometimes called white Indian hemp or with Canadian hemp or apocynum. The flowering tops of the female plant of cannabis sativa, grown in the East Indies constitute Indian hemp. The American and East Indian plants are botanically the same, but the latter contains a larger quantity of the active principles, which are a resin, cannabin, and a volatile oil. From the latter may be obtained cannabene, of which the hydrid is a crystalline substance. A watery extract, the extractum cannabis indicæ fluidum according to Dr. Cowan Lees, has a manifest anodyne and hypnotic effect while free from the intoxication, bordering on poisoning, which follows the use of alcoholic preparations. It is claimed by Dr. Lees to be especially useful for the relief

of coughs in tuberculosis of the lungs also as a soporific in diseases of children. Hashishin is an alcoholic extract washed with water, used in dyspepsia and gastric neurones. Dose  $\frac{3}{4}$  grain per day.

*Physiological Action.* Indian hemp has no local action. Upon the digestion or circulation no marked effect is produced. The primary stage of intoxication is accompanied by exhilaration which lasts some time before sleep occurs. It produces similar hallucinations to delirium tremens. It is noticed as one of the first manifestations of the toxic effect, that the ideas of space and time are exaggerated and there is often a curious sense of double consciousness. If taken in very large doses coma may supervene but a fatal effect rarely follows. It produces diuresis but no constipation.

*Therapy.* Owing to the uncertain quality of the drug, hemp is not employed to the extent its physiological action warrants. Dr. Stephen Mackenzie has found it very useful in the severe headaches of cerebral tumors and in violent pains of locomotor ataxia. In acute or chronic rheumatism, in gout and carcinoma, hemp is very serviceably substituted for opium, over which it has the advantage that it does not derange the secretions.

Cannabis indica quiets the delirium of cerebral softening. It may be productive of good results in impotency unconnected with gross lesion. In spasm of the bladder and dysuria it gives prompt relief. In the presence of hæmaturia, in chronic Bright's disease, it is especially indicated.

The pain of dysmenorrhœa is frequently controlled by it. Its influence on the muscular structure of the womb, either alone or in combination with ergot, renders it valuable in menorrhagia. The abuse of cannabis indica is a prolific cause of insanity in Eastern countries.

I have given you, gentlemen, historic gleanings, but you will find in the fourth edition of Shoemaker's *Materia Medica and Therapeutics* a long list of the affections for which cannabis indica is useful and I believe that in this list its virtues are not in any way exaggerated.

*Personal Experience.* My attention was directed to this product some forty years ago. I have always been, until six years ago, an active pharmacist as well as a physician, and in "ye olden time," we had to keep an assortment of patent medicines for which we had large sales. Of them, one called "tolu anodyne" was most frequently called for.

\*Read at the 139th annual meeting of the Medical Society of New Jersey.



and I found many of my patients of nervous make-up were taking it. On inquiry they extolled its soothing effect. I had sent to me a large bottle of it, but I was so prejudiced against "a patent" that I did not use it, but wrote the proprietor to tell me, ere I used it, what its anodyne properties were. He declined, so I made a careful investigation of his preparation and found it was a reliable preparation of tinct. tolu and fld. extract of cannabis indica. I then made up a formula as follows:

Ext. cannabis indica fld. 2 drachms.\*  
Tinc. of tolu 6 drachms.

The dose of this preparation is largely according to circumstances. Usually from 20 to 30 drops on dry sugar every hour, or even half hour, until quietude and sleep are produced. If the patient dislikes the taste I add a drachm of strong essence of gaultheria and use one drachm less of the tinct. of tolu. For a few days after the pains have been subdued I have the patients take three or four doses in the twenty-four hours.

To those of my patients and others who were purchasers of the patent article, I gave samples of the above preparation and they were a unit in stating that they derived the same benefit from it as from the "patent." In spasmodic coughs, I substituted the compound tincture of benzoin for the tincture of tolu with fine results. It not only quieted cough, but induced sleep. I then determined that, since it induced sleep without any bad after effects, such as sick stomach or constipation, like opium and its derivatives, and its effects on the nervous system were so potent, it must have a wide usefulness.

I had used the Indian hemp root in combination with the herb digitalis when I wished to relieve dropsical effusion and, later, the fluid extract, combined with acetate of potash, in spasm of the bladder with fine results and I naturally reasoned that if it readily induced sleep in nervous cases, it could be advantageously used in delirium tremens. Now, gentlemen, after forty years of continuous use of the formula above stated, I have not lost a single case of *mania a potu*, although I have been in active practice over fifty-two years.

When we resorted to opium and its derivatives—hydrated chloral and the bromides—my results were not reliable and I found when opiates had their effects they

\*(The preparations of Squibb, Sharp and Dohme and Hance Bros. and White, I have found reliable.)

were too often disastrous. I attended all the worst "drunks," which naturally fell to my charge as city physician, and I never had to resort to alcohol in any form, excepting in one case where the patient was in a collapsed state, with so sick a stomach, that I felt called upon to give the best obtainable brandy in drops until I had overcome the nausea and could use my pet "combine."

After I had so successfully used this remedy I felt sure that it would have a good effect upon those cases of mania caused by the baneful use of alcohol and I induced Dr. Butolph, of the, then, only asylum in our state, to use it in such cases. The present medical director, Dr. John Ward, was then an assistant and he tells me, in answer to my asking, that he still thinks well of it and recollects my introduction of it.

My main object in selecting cannabis indica as my subject is to force attention to the great and specific value of this drug in delirium tremens. I believe it is as much a specific for this disease as quinine is for chills and fever. I would be greatly pleased to have this agent thoroughly tested in every alcoholic hospital in our country so confident am I of the result.

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## THE PROPERTIES OF MEDICAL PLANTS.\*

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### A Treatise.

By Henry Chavanne, M. D.,  
Salem, N. J.

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While attempting to prepare a paper of this character a number of difficulties present themselves and demand attention. The consciousness of the overwhelming amount of literature, ethical and empirical, prevailing; the wide field to wander in; the subject matter of contents and detail; and that to be omitted are but a few considerations pertaining to the hope of gratifying production. It is not the province of the writer to presume on the copyright of anyone, therefore, when by way of illustration, extracts from history, chemistry, biology, plant physiology or physics are made by way of reference, the source of such information the listener is privileged to infer.

In it there is no attempt to present "*de facto*," logic, nor is the writer disposed to indulge in pedantry, and for that reason

\*Read at the 139th annual meeting of the Medical Society of New Jersey.

caution has been observed to refrain from any "*ipse dixit*" expression or produce any semblance to an epitome of *materia medica*. Rather, the whole production is a "chiffonier"; an abstract of scraps gathered up, and if at its conclusion it is considered interesting enough to be worthy of the occasion, the author will be amply rewarded.

Furthermore, to attain to a mutual appreciation of the idiom of the text and modify any presumed ego or dogmatic inference that may appear, Poor Gloster's response to his tormentors in King Lear—is appropriated:

"I have a letter guessingly set down  
Which came from one that's of a neutral heart."  
quoting the same author—"the miserable have no other medicine but only hope."

Medicine ordinarily is understood to be a science, art or agent directed toward the cure of sickness and disease *per se*. When in fact its first direction is to prevent disease; and more or less attention has always been directed to that phase of the art.

Sanitation and hygiene antedate our present ideal zeal many centuries, and the urgency of these measures has always been in keeping with the growth, progress and civilization of a race. And they relax with the decline of a people's greatness. With civilization, religion, medicine and perhaps charlatanism also keep synchronously apace.

Every reader of history is aware that much that is written as ancient history is mythological and traditional. That of medicine is not an exception, and the history of medical plants provides many chapters of interesting lore. The weird stories of the picturesque medieval magicians and their traffic in vegetable poisons, narcotic and excitant, etc., continue to interest and impress. Education, discipline or any other ceature may dull, but cannot eradicate that innate intrinsic operation of the mind not perceptible to sight or hearing—superstition—for man is a creature of doubt and questioning. He wriggles through mythical and traditional lore to be led back by an infatuating enchantment and psychological power that directs attention to the unknown.

Galen, the epoch maker in medical history, reclaimed medicine from a state of chaos; but, becoming vain of his knowledge, he involved it in a system of hyperideality whereby it gained plausible infallibility. By his teaching, the advance of medicine was hindered for over 1,000 years. From remotest antiquity our early ancestors must have been familiar with genuine and fancied

curative properties of plants. Their primitive vegetable diet acquainted them with fruits, seeds, roots and bulbs, and it is obvious that they were quick to profit by a wide and often costly experience with plants having special properties—narcotic, emetic, excitant, etc. The most backward tribes of mankind are not without their remedies for wounds and general ills. The Ladrone Islanders thought themselves the only people in the world until the Spaniards discovered them and landed on their islands. Those natives gave evidence of an abstruse knowledge of the remedial virtues of plants.

That inherent deference to the supernatural elaborated into the old system of remedial theory the doctrine of signature or sigil mark, indicating the special diseases for which nature intended the plant as a remedy; also the primitive idea that plants were tenanted with semi-divine or psychical life. How happily and tactfully the immortal poet applied these myths of folklore in his dialogues and verses, readers of Shakespeare have pleasantly appreciated. How pathetic is Juliet's anticipated horror, if awaking in that noisome tomb, Romeo should delay his arrival to release her. Also Suffolk's imprecation on the enemies who caused his exile from court and England, and Banquo's expressions of astonishment when the witches vanish from the heath. Holy writ supplies several, but one most graphic is found in Gen. xxx. 14, 15, when Rachel barters the affection of her husband to Leah for her son's mandrakes.

The magnum opus of the nineteenth century is the microscope. Lister, the father of antiseptic fame, turning his back on superstition and abstruseness, criticising his former dull perceptions and looking at the real world for information as to inevitable sequence and consequence, produced revelations which intoxicated the scientist. Dogmatics and theories lost authority, and the foundations of science became broad and strong. Nothing escaped investigation, and scientists are again entertaining the doctrine of contradiction—"simul esse et non esse."

Admitting the wonderful antiquity of the Papyrus Eber—3,500 B.C., Hippocrates was the first to gather from the chaotic mass of medical tradition, lore and facts, all that was best of his time—and gave it character. His writings and those to which his name extends, record but 236 plants of credited remedial virtue.

Aristotle and his successor Theophrastus, increased the list during their lives. Dioscorides' *Materia Medica*, written during the



first century, A.D. described and named 600 plants, the accumulation of the centuries. This work remained an authority for fifteen centuries and through it medical botany obtained character. By the influence of such authorities as Gerard and Culpepper, it was continued into the modern pharmacopoeias.

Since then, many plants have been eliminated as worthless, but new discoveries and rediscoveries of virtues in discarded plants have produced the present ponderous pharmacopoeia. And still they come to light and to the knowledge of the adept pharmacologist.

*Similia Principium.* Scientists, especially botanists, reason on the species of life like this—Animals are endowed with life and perception; plants with life only.

An observer, who's mind is not taxed with hyperesthetic sensitiveness, will not accept his reasoning as "*de facto*," especially if attention has been directed to the liberality of expressive terms used in didactic treatises on plants. Acclimation, adaptation, appropriation, appreciation, susceptibility, sensitiveness are but a few attributes applied to living plants.

Comparative biology directs attention to the one marked difference between plant and animal morphosis. Plants build their structure by a constructive chemistry. Animals build their structures by a distributive chemistry.

Plants find their food in solution and phenomenonally transform it into tissue and protoplasm. Animals obtain their food in concrete form and by a chemical process, called digestion, break it up, and by transmutation, it becomes tissue, blood, bone and muscle.

Since the application of the microscope to science, unwearied efforts have been made to ascertain the manner in which inorganic elements unite to form organic and living structures. The result of all inquiries has terminated in the establishment of a single fact, that the lowest primary form of organism that can be detected in the individual, or its parts, is a cell. A little globular or ovoid body from 1-30 to 1-1000 of an inch in diameter—be it man or turnip. The constructive elements can be traced into the structures outside of the living plant or animal, but not in it—they die the moment chemistry touches them. The living frames of the meanest plants or animals are sacred and enchanted precincts, where, like Moses before the burning bush we take off our shoes and confess the sanctity and inviolability of life.

Analysis shows that living bodies are

made up of the same six elements (plant or animal) carbon, oxygen, nitrogen, hydrogen, phosphorus and sulphur. The chemical distinction of plant from animal essential principles is so slight that, if the label is lost from the container of each in the laboratory, they are with difficulty differentiated—if at all. The substances that constitute the structures of all plants in some degree, and essential to their existence are divided into two classes—nonazotized and azotized.

The nonazotized substances are those destitute of nitrogen, the formula is represented by  $C_{12} H_{10} O_{10}$ . Vegetable tissue (wood fibre), starch, gum, sugar and fats. Substances eminently combustible and that generate a large amount of heat, but alone are incapable of supporting life. The azotized substances represented by the formula  $C_{36} H_{25} N_4 P_{10} S_2$  are albumin, casein, gluten—proteid; alike in vegetable and animal structures.

Chemists do not agree in any one theory as to the generation of these substances, but all experiments tend to confirm this conclusion—that albumin, casein, and gluten or fibrin are the special products provided by nature for the nutriment and support of life. They abound in sap wood as in animal tissues (all high organisms), and are regarded as the most active causes of decay when subject to air and moisture. They are more susceptible to decomposition than any other class of organic substances. Albumin, besides being found in sap wood, is in a soluble state in the white of egg, in serum of blood, and in an insoluble state in seeds, leaves and stalks of plants. Casein differs from albumin in the circumstance that it does not coagulate by heat, but undergoes that change under the influence of acid; and, that phosphates do not enter into its composition,  $C_{36} H_{25} N_4 O_2 S$  represents the formula. Lignine is the distinguishing term for this element in plants. Its similarity to animal casein is proven in the fact that the heathen Chinese make real cheese of peas. It is 25% of the weight of leguminous plants. Wash starch out of flour and a thick substance remains that is gluten—Pure flour contains 10% by weight. Beans 14 or 15%. The lean part of the muscles of all animals, which is termed fibrin, resembles the gluten of plants so closely that it may be regarded as essentially the same substance. Its formula is  $C_{36} H_{25} N_4 O_{10} P_{10} S_2$ .

The essential immediate principles of plants do not necessarily exist in the plant



in the form in which the chemist obtains them by ultimate analysis and which the ashes of tissues afford—organic alkalies, vegetable alkalies or organic bases (however termed) or acids.

It is characteristic of all organism, plant and animal, that their elements are constantly undergoing changes, and these changes take place naturally and afford heat and nourishment. How these changes occur neither is, nor can be, understood. Chemists may by synthesis build bodies that resemble organic forms, but as Arbuthnot wrote "chemistry falls short of vital spirit or force. Chemists cannot make milk, blood or grass."

"*Similia similibus curantur*" is a principle adverse to our way of thinking; but facts are stubborn things. Observe if you please, the iteration "that the proximate constituents found in plants are the same six found in the animal system. C. H. O. N. P. S." Moreover, from whatever immediate source our system obtains them, it is through the mediate agency of plants.

"The milk hair'd heifer's life must pass,

"That you may fill your own,

"As passed the sweet life of the grass

"It fed upon."

J. G. H.

Of the several defined properties of plants two are especially considered in this article, the nutritive and the chemical. Food or food stuffs are not regarded as medicine. But food and feeding fulfill a natural want and a physiological need. Prescribing commences with incipient life. The health of the infant depends on the quality and quantity of food consistent with its digestion and assimilative powers. Philosophy teaches that cause must go before effect. Disease precedes dispensing medicine. Observation anticipates knowledge.

The material substance of food is not food, it is matter, and this matter is carbon, water, air, gas and earth. These food stuffs are bearers of the elements which on entering into the system, by a peculiar power (not individual) called vital force, undergo various changes and formations preparatory to their transmutation into blood, bone, tissue, etc.

Herbert Spencer wrote "the transformation of food into tissues involves mastication, deglutition, chymification, chylification." Reasoning that the well fed and well nourished are conditioned to resist the inroad of diseases, is it irrational to consider food stuffs preventive medicine?

The chemical phase of the subject. The earliest attempts to learn the effects of plant principles were experiments by the physician inquiring into the condition in which the drug would be of benefit; and the shot gun prescriptions were sent to the stomach as a general postoffice, whence it was expected that each drug would be dispatched to its proper destination. And the physiological functions of the patient and the law of affinity did it. By chemical affinity there occur combinations with protoplasm whereby the functions of cells that contain protoplasm of certain forms are altered, while certain other cells escape the influence. Like food stuffs the material substances of medicines are not medicines, they are carriers of the elements that make for medicines.

It is yet impossible to explain the reaction of drugs on living organism, very different effects being observed of drugs which are closely related chemically, and a number of drugs provide several principles of diverse action. All active drugs are poisons in some degree and quantity. Poisons so called are the best types in illustration. Acting in a phenomenal way, their properties have an elective affinity for certain special parts of tissues. Structures that discharge high organic functions offer the least resistance to these agents.

So perfect is the equipoise sustained in complex structures by the opposing forces of the vital principle and the chemical force, that any disturbance however trifling will affect them. And if the quantity of poison injected is sufficient to satisfy the combining affinity with the elements of the animal substances, death will ensue. Otherwise, if the quantity is not sufficient to unite atom for atom, by that occult force—its vital spirit—the organism will retain its vital function.

The many attempts to arrange the atomic weight, valence and other properties of matter into relation with the human organism have been without satisfying result. Protoplasm poison, if brought in contact with any form of matter in sufficient quantity, will paralyze it; but if distributed equally throughout the body it will effect some special organ or tissue as the chief seat of its action.

To understand the special action of these agents, it is required to be familiar with the comparative weight of an equivalent or atom of the complex substances which make up the animal organism.

Two familiar plants are presented to illustrate the foregoing reasoning.

A most interesting and typical specimen

in illustration of our subject is "cinchona" or properly "chinchona"—the source of quinine and allied drugs. Botanically it is referred to as cinchonacea—and madder-worth. Order rubiaceae, variously known as Peruvian bark, Jesuit bark, China quina, quin quina, sacred bark, Spanish cascara. The natives know it as Kina Gheena. Though interesting to the writer, he questions the relevance of a detailed description, only to note that to obtain a profitable per cent. of the elements in quinine—formula  $C_{20}H_{24}N_2O_8$ , the conditional climatic demands are essential; whereby, the bark will produce 3 to  $3\frac{1}{2}$  per cent. of alkaloid.

A sense of insolence may seem to pervade the following, but an enjoiner is ventured, which is—take down encyclopædias, dispensaries, pharmacopæias, or any other source of reference at hand, and contemplatively read one of the most interesting and valuable subjects in medical botany—cinchona, and note its appertinment to all the phases of medicine, regular, empirical, charlatan, its record has been obtained by venal, religious, mercenary, sordid, philanthropic, scientific and other agencies. Especially note that it was not found being used by the natives, that indispensable and indisputable evidence of medical value.

Opium. Not second in value though following cinchona in this arrangement.

Like Melchisedec without descent, having neither beginning nor end of life, and to which China pays tribute at the request of British cannon.

Opium, also has an interesting history. The bliss it obtains to surpasses that of cinchona; but the wretchedness it entails and deaths it causes, compromise its virtue. The medicinal properties of the poppy are well known—or should be—and that of its principal alkaloid—morphia  $C_{17}H_{19}N_3O_3$ . The percentage of this principle varies according to the climate and locality in which the plant is grown and in the variety of the plant. From opium and cinchona perhaps more active principles are derived than from any of the remedies in the pharmacopoeia. Undoubtedly no drugs are more serviceable to man.

Medicine is an abstract science as Spencer would have it—whose fundamental facts elude definition; nor have the abstracts of medical science yet found their basis. Their detail ologies and pure logic—converge to a focus reflecting the flaming sword that guards the approach to the tree of divine knowledge. Here the spiritually minded

scientist is sensible of the Psalmist's reverent words—"my heart stands in awe of Thy word, O Lord."

### BIOGRAPHICAL CARD INDEX AND DIRECTORY.\*

#### THE AMERICAN MEDICAL DIRECTORY.

#### What It Is. Why It Is Issued. What It Will Contain.

#### An Answer to Numerous Inquiries.

Since the American Medical Association began the work of accumulating personal information from the members of the medical profession for the biographical card index and the American Medical Directory, many inquiries regarding these new lines of activity have been received. Physicians all over the country have asked, "What is the biographical card index and what is its purpose? How will the American Medical Directory differ from other medical directories?" The following is presented to answer these and other necessity of replying to each individual inquiry.

questions relating to the subject and to obviate the In order to understand the object of this work, it is necessary to examine carefully the present condition of the medical profession from a social and economic standpoint. The last century, and particularly the last twenty-five years, have witnessed a remarkable progress in medicine and in the allied sciences. This progress will unquestionably continue, and the army of observers and investigators now at work in every branch of medical science can safely be trusted with the technical side of a physician's work. But all thoughtful members of the profession admit that there are many practical questions relating to the training, the work and the life of the individual physician, as well as to the community in which he lives, that require careful study and consideration, as well as intelligent and conservative regulation. The improvement of the preliminary training of prospective medical students, of medical schools and of medical courses; higher standards for licensure by state authorities; reciprocity and mutual co-operation between state boards; protection of the ignorant and the sick from the quack, the faker and the charlatan; improvement of the social and financial conditions of the physician; stimulation of the desire to improve his own condition and to increase his knowledge and usefulness—all these much-needed lines of agitation and reform are blocked in the beginning by a lack of knowledge regarding the individual members of the medical profession. As already stated, detailed information in all technical lines has increased a hundred-fold in the last half century. Along practical and sociologic lines, there is little more known than there was fifty years ago. No one knows how many individuals are at present engaged in the practice of medicine in the United States. Estimates vary from 110,000 to 140,000. Of this indefinite number, no one knows how many are properly licensed by the licensing body of the state in which they live. In many states, owing to the condition

\*Reprinted from The Journal of the American Medical Association Nov. 18, 1905.



of records, the state board itself cannot tell whether a certain individual has a right to practice medicine or not. Information obtained by one state board at considerable expense and trouble is not utilized by others. Knowledge possessed by one society is not shared with other societies. Statements regarding college and year of graduation, as well as regarding state licensure, are in many cases most difficult of verification. If one desires data regarding a physician, there is no central bureau that can furnish it to him, no general clearing-house for information. Licensing bodies are continually met by the fact that they are unable to obtain reliable information whereby they may verify statements made by an applicant. There is not in existence to-day a list of the physicians of the United States whose legal qualifications to practice medicine have been verified. Out of the fifty-four state and territorial licensing bodies, only twenty-one have ever published a list of physicians legally qualified to practice medicine within their jurisdiction.

Information regarding members of the profession is difficult to obtain when desired for identifying, locating or tracing an individual physician for personal notices, biographical sketches, obituary notices, and all other purposes for which such information is desired. What has long been needed is an accurate compilation of data, made up of information obtained from official sources, such information then to be carefully edited and classified and kept corrected up to date, for the use and information of licensing bodies, and for any responsible person desiring information for legitimate purposes.

While the necessity for such classified information has been long recognized, until recently, conditions have not been favorable for its establishment and maintenance. Now with organization more or less completed, such is possible. In his annual report at the Portland session, the General Secretary of the American Medical Association said:

"It has long been recognized that a permanent biographical card index of American physicians, giving data in regard to preliminary education, medical education, previous locations, etc., would be of great value to the Association and to the profession. Such an index would be of value in tracing a physician through various localities, making up matter for directories and in compiling statistics in regard to the profession. This work has been begun and is now being carried on along two different lines, namely, first, the accumulation and indexing of biographical data in regard to the members of the profession now engaged in active practice; second, the accumulation of similar data in regard to graduates of the current year and of recent licentiates of state boards of health. This has been carried on through the assistance and co-operation of medical colleges and secretaries of state licensing boards. The amount of information on hand is considerable and is steadily increasing."

This was approved by the Committee on Reports of Officers and adopted by the House of Delegates, with instructions to the General Secretary to continue the work of collecting and classifying biographical information.

In accordance with this action, a biographical card index of the medical profession has been established, and it is hoped that very soon this index will contain a card for every physician in the United States. On the card will be recorded

name, place and date of birth, preliminary education, medical college and year of graduation, state license and date, medical societies, college and life insurance positions, school of practice, and specialty, if any. In connection with this fundamental information, provisions are made for recording removals, positions held and other matters that may occur in the life of the individual that are of sufficient medical interest to note. Such information is pouring into the general offices of the Association from state and county societies, from licensing bodies, from newspaper clippings, the latter alone averaging over one hundred and fifty a day. Through the co-operation of medical colleges and state boards, certified lists of graduates and licentiates, together with most of the personal information requested, have been obtained and are now being properly classified. There is now in possession of the Association a fairly complete list of graduates of American medical colleges from 1860 to 1901. This list has been supplemented and brought up to date through the co-operation of registrars and secretaries of medical colleges. Copies of the official records of more than three-fourths of the licensing bodies have been secured. The remaining records are now being copied and will soon be completed. Blanks for reports both of colleges and of licensing boards have been prepared.

Each year a supplementary list of recently graduated and licensed physicians will be procured and added to the general index. There will thus be formed a list of all medical graduates, as well as of all legally qualified practitioners, made up from official records, and carefully corrected and revised each year. Information lacking regarding individuals will be constantly added. Thus it will be seen that the information asked for is primarily intended for this index. As a reliable and official list of legally qualified practitioners, it will be of great value and will undoubtedly aid in securing general reciprocity among licensing bodies.

The second reason for desiring this information is for use in compiling a reliable and accurate directory. The directory, however, is only incidental to the other work. From the index will be drawn information, either personal or official, for compiling, revising and correcting the directory, both the one now in preparation, as well as subsequent editions.

The American Medical Directory will differ from directories heretofore issued in three particulars: First, it will be a directory of the American medical profession published and owned by physicians themselves. Second, information regarding college and year of graduation and date of licensure will be verified from official sources. Third, it will furnish the same information regarding each physician, whether he be a subscriber to the directory or not. No paid-for information will be included. It will also combine in one volume the purpose of a general medical directory, as well as a medical society blue book, since the names of all members in good standing of the constituent state associations and their component branches will appear in capital letters, as a distinctive mark of such membership. Information contained in the directory regarding each physician will include name in full, year of birth, college and year of graduation, office address and office hours.

The assistance and co-operation of all physicians, and especially all members of the organized



profession, is earnestly requested in carrying on and developing this work. The greatest service that any physician can render at the present time is to furnish, promptly and accurately, information regarding himself. For the purpose of obtaining this information a blank has appeared in successive numbers of THE JOURNAL for the last six weeks. About 20,000 of these have been filled out and sent in.

A number of physicians have written saying: "You will find full information regarding me in the ——— Directory." As practically all directories are copyrighted works, it will be readily seen that such information is not available for the purpose desired. Other physicians have replied, saying, "You will find my complete record in the Transactions of the ——— Medical Society for the year ———." A moment's reflection will show the difficulty in tracing up the personal record in this way. The time required for a physician to fill out and return these blanks is infinitesimal; the time required for the directory office force to trace each individual is great. If each reader of THE JOURNAL will furnish at once, without further solicitation, the personal information regarding himself, the work of accumulating the data will be greatly simplified. On advertising page 32 of this issue will be found the information blank desired. All readers of THE JOURNAL who have not already done so, are urged to furnish this information at once.

### PROPRIETARY MEDICINES, PATENT MEDICINES, NOSTRUMS, AND SECRET SYNTHETICS.

We must call attention to the confusion of terms so generally used in the literature upon the subject of proprietary remedies, patent medicines and nostrums. There is great need for clearness in the selection of terms which will definitely convey the intended meaning of those who speak or write upon this question, which has become such a live one to the general public as well as to the medical profession. The authority for the proper use of the words hereinafter defined is based upon the definitions given in the dictionary, and the United States patent law. A proprietary medicine is an article which any person or firm has the exclusive right to manufacture or sell; which definition includes a medicine of known formula or published process of manufacture, as well as a medicine of unknown formula or secret process of manufacture. The word proprietary should only be used generically, and should never be limited in its application as a synonym of the word nostrum. Proprietary medicines include: I Patent Medicines, all of which are of known process of manufacture; II. Pharmaceutical mixtures of known quantity and quality of ingredients; III. Nostrums, such as secret pharmaceutical mixtures, and the so-called synthetics, of secret formula protected by a trademark.

A patent medicine is a new and useful definite chemical compound of known formula, the process of manufacture is made public in the patent papers issued by the Government; therefore, all patent medicines are ethical. A nostrum is a medicine, the composition of which is secret, a quack medicine, or any recipe of charlatan character.

The trademark protects a class of secret synthetics which are nostrums, they being secret

mixtures of some coal-tar product, advertised with a formula such as  $C_1 H_2 N_3 O_4$ . They are not patented, because they cannot conform to the patent law which demands that they shall be new and useful, definite, chemical compounds.

The public and the profession have a right to be protected from the fraud practiced by the exploiters of nostrums which represent the only class of medicines offered to the medical profession which should be condemned as an insult to its intelligence and honesty. Any internal or external medicine, the formula of which does not state the quantity of its ingredients, and in the case of a synthetic, which does not state the process of its manufacture, is a nostrum or secret proprietary medicine. All nostrums thrive on false statements as to their therapeutic value. And it is the nostrum or secret proprietary vendors who have profited by the confusion of terms used in articles written by the authorities in medicine, who should know better than to play into the hands of the nostrum people, who must be considered as parasites on individual and public health.

Within two years articles have appeared by able teachers of scientific medicine, which illustrate the confusion of terms referred to. Transactions of State medical societies and medical journals contain the articles from which the following quotations are made:

I. "The wide use of many proprietary pills or mixtures is distinct evidence of the great power of foolishness and fraud even when directly opposed to honesty and instructed wisdom."

II. "There are no hard and fast lines which separate patent and proprietary remedies. In their secrecy of composition and method of exploitation they are comparable."

III. "The patent medicines are more particularly directed to the lay public and therefore use the public press as the medium of advertising, while the proprietary literature is addressed more particularly to the medical public."

IV. "If there is any apology for the use of proprietary medicines, it must be due to some deficiency in the physician himself, either to his lack of knowledge of chemistry and pharmacology and physiology and clinical therapeutics, or to his inertia."

V. "The difference between a proprietary and a patent medicine is more apparent than real. There is no good excuse for using these preparations."

These are fair extracts from the articles which do more harm than good, as many of the most valuable remedies used by physicians are proprietary medicines, and should not be condemned as nostrums. Many writers have strongly condemned the use of patent medicines in the face of the fact that all medicines now protected by a patent granted by our Government are ethical because the process of their manufacture is known. Recently an editorial article has been published which distinguishes between a patent and a patented medicine; such a distinction is of recent origin, and if not killed in its infancy will surely lead to greater confusion than that which now exists in the minds of the profession and of the public.

The old prejudice against a patent medicine dates from the time when a prescription of a simple or compound mixture could be patented, but such mixtures have not been patented in many years, so that the patent medicines of to-day

represent only new and useful definite chemical compounds, the patent covering the process of manufacture, and any competent pharmaceutical chemist, by following the process described in the patent, can reproduce the identical preparation found upon the market; but the patent protects against a commercial use of such published process, which in being made public meets every condition necessary to make a patent medicine ethical.

The subject of monopoly in drugs and other therapeutic agents is a sociological, and not essentially a medical, question. To use the word "patent" as the synonym, and the word "patented" as the antonym of nostrum, as is being done by some of the workers in this field, is to increase rather than to clear up the fog which surrounds this important subject. The literature is full of such tautology as secret nostrums; the word "nostrum" means secret remedy, which makes qualifying it by the word "secret" equivalent to saying that *one should heed the voice of the vox populi*. The reader often leaves the several articles in the medical journals upon the question of proprietary remedies, patent medicines and nostrums, and the discussion of the subject as reported in the transactions of the several State medical societies, in a condition of mind best described as confusion worse confounded: which is largely due to the careless use of terms, and the questionable remedies suggested for this evil. It is not unusual to read in many of the discussions before medical societies, which have been reported within the past five years, such advice as: "Why not limit the prescribing of physicians to the articles mentioned in the pharmacopœia?" Or, "should not the profession agree not to use any patent medicine?" Or, that all proprietary medicines should be excluded from the advertising pages of medical journals, and should not be used by physicians. It is such advice which supplies the nostrum journals with the telling arguments in opposition to this great work, which is so often made ridiculous through misstatement and misunderstanding. The medical profession should be in possession of a criterion which should help it to decide which of the many samples of medicines left in a physician's office should find their way to the trash-basket. Samples of secret mixtures, protected by trade mark, but not patented, which are exploited as definite chemical compounds—or coal-tar synthetics—should be considered as an insult to the intelligence of every physician receiving them. The information about such articles, so often limited to the statement that they do not depress the heart, at once suggests that they are more or less dangerous mixtures of acetanilid exploited as definite chemical compounds with popular names valuable only as commercial assets. Often the workmen in nostrum manufactories who know the secret of some special mixture will exploit such mixture under new, popular names, furnishing formulas such as  $C_5$ ,  $H_{10}$ ,  $O_{20}$ ,  $N_{30}$ , and then circularize and sample the medical profession, expecting physicians to accept such samples, and prescribe such nostrums or secret proprietary medicines, to their patients, which represent, as all nostrums do, fraud as to their composition, and false statements as to their therapeutic value.

To sum up: I. Proprietary remedies include ethical preparations and nostrums.

II. All medicines protected by a patent are ethical.

III. Nostrums include secret proprietary mixtures and secret synthetics protected by the trademark law.

All samples of secret medicines should be deposited in the trash-basket, as every scientific physician should know the quantity of the ingredients in the mixture or mixtures which he uses, and should beware of secret synthetics.

The Council of Pharmacy of the American Medical Association has the courage of its conviction and is doing splendid work in educating the medical profession along the lines of scientific medicine, and away from the nostrum evil, and, with the co-operation of the *Ladies' Home Journal*, *Everybody's Magazine* and *Collier's Weekly*, the same thing is being done for the general public. By the study of pharmacology the United States Pharmacopœia will come into more general use and scientific medication will be correspondingly advanced throughout the United States.

E. ELIOT HARRIS, M.D.

*The New York State Journal of Medicine.*

## Clinical Department.

### STAB WOUND OF KIDNEY—SUTURE.

Orange Memorial Hospital—Service of Dr. T. W. Harvey.

Brancho, Italian, age 20. Admitted October 20 with two stab wounds, one in the back just below the angle of right scapula, which passed obliquely upwards superficial to the ribs. The second penetrated the left side in the axillary line between the eighth and ninth ribs. Out of this wound protruded about two inches of the omentum. An abdominal incision was made on a line with the wound, extending one inch above and four inches below the border of the ribs. There was free hemorrhage in the abdominal cavity, but no evidence of the presence of intestinal or stomach contents.

The omentum was quilted, cut off and drawn back into the abdomen. The intestines and stomach were pushed to one side and it was found that the parietal layer of the peritoneum over the kidney had been torn and the kidney wounded by the weapon. The wound in the kidney was about one inch long and situated in the upper pole. It was bleeding freely. Three stitches in the kidney controlled the hemorrhage, a Mikulicz drain was introduced down to the kidney and the wound closed round the drain. The patient made an eventful recovery.

The interest in this case lies in the fact that the accident of the stiletto pulling out with it a part of the omentum probably saved the man's life. It determined an immediate operation. The stiletto wound itself looks very harmless; the man's condition when operation was decided upon—within an hour of his having received the wound—was excellent; neither his pulse nor his general appearance suggested a serious injury, and yet by the time that he was prepared for operation he was losing so much blood that he showed it very perceptibly, and before the hemorrhage was checked by the sutures, his condition necessitated the use of normal salt solution by hypodermoclysis and this procedure was repeated twice during the succeeding twelve hours.

The stiletto blade, long and narrow, could just



as well have entered the pericardium and wounded the heart or the pleura and injured the lung.

In a similar wound of the abdomen, not seen until the third day, the section was made because of progressively bad symptoms, and the cavity was found full of blood clots but there was no fresh blood, nor could we find the source of the hemorrhage but supposed it must have been from the omentum. These cases emphasize the necessity of exploration in all cases of penetrating wounds of the abdomen, without regard to symptoms, as often by the time that the symptoms indicate operative interference the most favorable opportunity for recovery from such operation is passed.

#### REPORT OF THE 1905 MEETING OF THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

By W. Blair Stewart, M. D., Atlantic City, N. J.  
*Delegate from the Medical Society of New Jersey.*

It was my privilege to attend, as a delegate from the Medical Society of New Jersey, the annual session of the Medical Society of the State of Pennsylvania, held in Scranton, Pa., September 26, 27, 28, 1905. Five hundred and four members and delegates registered during the session. New Jersey, New York, Connecticut were represented by visiting delegates.

The program was the best ever presented by the society and was a credit to the committee and members. It consisted of six stated addresses and seventy-one papers of which nearly every one was discussed. There were one hundred and fifty scheduled participants in the program which shows the general interest elicited.

The society has worked for four years under separate surgical and medical sections which met simultaneously. This method has been so popular and satisfactory that the next session will work under three separate sections, viz.: medical, surgical, and general. The retiring president appointed a chairman and secretary to take charge of each section.

The annual report of the society showed a total membership of sixty-one county societies of 4,303; a gain of 266 over the previous year. Six counties in the state have no societies. The committee on legal matters deserves congratulation for its excellent service in securing the veto of the loose osteopathic bill passed by the last Legislature of Pennsylvania. Many good pointers might be gained by our committee from this report or from the members of the committee.

The result was accomplished without sacrificing the dignified tenets of the profession. The scientific exhibit was made up by twenty-two firms, while several were refused the privilege of making a display. The by-laws were amended to conform to the recommendations of the American Medical Association. The next meeting will be held at Bedford Springs, Pa., September 11, 1906.

The entertainments provided were real treats and our visit will not soon be forgotten.

The president's address was a masterful presentation of the higher medical education and suggested that a year be added to the present course, to be devoted entirely to clinical and practical work. The scientific program was so full of medical, surgical, and special gems of practical and literary merit, that it will be invidious to mention a few as others are just as deserv-

ing. Great tact was shown in the arrangement and grouping of subjects, which is an improvement over the "hit or miss" style. Symposia were prepared on tuberculosis, head surgery, neuralgia, X-ray treatment and the eye, ear, nose and throat. The program was not too crowded and ample time was given for free discussion.

It would seem advisable that the Medical Society of New Jersey with a registration of 200 or more, should divide for one day (Wednesday or Thursday) of the annual meeting into medical and surgical sections. This would relieve the crowded condition of our program and obviate the just complaints of former years of "railroading" the papers through with no chance for discussion; even in cases where physicians who had been invited were present and ready for discussion. This has happened a number of times. If the above or a similar plan is not followed, it will be necessary to curtail the number of papers if we would profit by discussions and maintain an interest in the work of the meetings. Too little interest seems to be manifested in our society in scientific work and too much in entertainment. Some of our stated addresses have been read to a mere handful, fresh from the dinner table, less important papers have been given better positions on the program. Make these addresses special features and not perfunctory forms and it will encourage greater efficiency on the part of the writers. These are some of the many reflections gleaned from my visit to the Medical Society of Pennsylvania as I contrast it with our own.

**Rules for Publication.**—Some of our readers have noticed that their papers have been through the editorial polisher. Some have thanked us, some have not. The Trustees desire to publish a good journal. They have, after deliberate consultation, adopted the following rules:

First. Edit all papers, reports and discussions, cutting introductions, apologies, digressions, and other matter foreign to the theme.

Second. Omit all discussions of papers not corrected by author, and returned promptly.

Third. Publish first, papers read before sections. Of those read by title or previously printed in other journals, publish towards the end of the year as many as there is room for selecting those of most scientific and general interest.

Fourth. Request of authors of papers longer than the constitutional limit, condensation, or privilege of condensing or abstracting. In case of refusal, delay publication, and if space does not permit printing by the end of the year, return manuscripts to authors.

Fifth. The trustees reserve the right to refuse to publish any paper previously published.

C. E. CANTRELL,  
W. R. THOMPSON,  
J. S. LANKFORD  
W. R. BLAIRCOCK,

Trustees.

The Trustees have only the best interests of the entire Association at heart; as one of them expresses it. "The course for the *Journal* to pursue is the one it has maintained so far—justice to all, partiality to none." Another said, "A man that cannot say all that is worth saying on his subject (to experts) in twenty minutes, has not digested it, and should not be allowed to chew his cud over it. And again, "Do not run a reprint mill."  
—*Texas State Journal of Medicine.*



**Newspaper Notoriety in Germaay.**—Judging from an editorial in the *Deutsche med. Wochft.*, October 12, some of our brethren in Germany have the same itching for newspaper advertising that is too much in evidence with us. We quote: "A form of advertising practiced by certain physicians is too intangible to be made the subject of a complaint before the Medical Court of Honor, and yet is unworthy of the profession and detracts from the prestige of its members. The ever-increasing tendency to strive to be talked about on every opportunity is not becoming to members of a dignified profession. Scarcely any other academic profession supplies so much purely personal material to the daily papers. Professor So-and-So is celebrating his fiftieth, sixtieth, seventieth birthday or his thirtieth, fortieth, fiftieth anniversary as physician, docent, professor or member of the privy council. In the illustrated papers appears the picture of Professor X at the bedside surrounded by a staff of assistants, nurses and grateful patients, or of Professor Y in his office, in the laboratory, at an operation, or perhaps in his automobile. Among the 'Local Happenings' appears the item that Prince A has entered the private hospital of Dr. B; that Dr. C has been summoned to D for a consultation, or that Professor E has been made corresponding or associate member of some medical association in southern Russia, and so on. Still more regrettable is the publication in the lay press of purely scientific observations, especially when they lay before the public questions which are still unsolved and on which there are still differences of opinion. Their presentation to the public in this way has a tendency to cause the public to distrust the whole of medical science. In a recent debate von Hansemann referred to the good old days 'when it was still the custom to present scientific matters only to the scientific public. Unfortunately things are different now, and when any one thinks he has made a discovery he goes at once to one of the weeklies or dailies or to congress, and, of course, the public learns more about it than if it had been published in Virchow's *Archiv* or any other exclusively medical publication.' Recently another mode of obtaining publicity has come into vogue. We read in the papers, a few months ago, that a certain surgeon had just performed his thousandth operation in a special field, and that his fellow-citizens celebrated this unusual event with a reception and congratulations. Not long ago we noticed in a daily paper from a neighboring country that a clinician there had just performed his two-thousandth herniotomy, and that on this joyful occasion he had received an ovation in his clinic. The editorial concludes: "We gladly acknowledge that many items of this nature appear without the knowledge of the celebratee and are sincerely distasteful to him, but there is no doubt that in a large number they are directly inspired or at least favored or tolerated by the one whose name is mentioned. All the members of the medical profession must unanimously strive to change this state of affairs. Especially should the 'upper ten thousand' scorn and set their faces against these newspaper notices."—*Jour. A. M. A.*

A poor woman from the country once brought me three chickens nicely dressed, in payment for services, and it was learned later that she had stolen the chickens. Ergo: Patients are willing to steal in order to pay doctor's bills.—*Am. Medicine.*

## Correspondence.

Morristown, N. J., Nov. 28, '05.

To the Editor of the Journal.

Dear Doctor:—At first I did not care for the *Journal* as a means of bringing the transactions to our notice in a printed form. But my opinion has been changed by the improvement, as it strikes me.

Has any arrangement been made for binding copies? I should like very much to have mine bound.

Yours very truly,

STEPHEN PIERSON.

To the Editor of the Journal of the Medical Society of New Jersey.

DEAR DOCTOR:—I desire to reply to the letter of Doctor Coit, published in our issue for December, regarding the scientific program of the State Society. He says, "in the past the programs of papers have seemed a maze of dissociated topics. It seems to me the symposium is the best arrangement." The doctor is so enthusiastic on the subject which interests him, that he forgets that it may not interest a number of other members; and that in order to interest all concerned a variety of subjects must of necessity be selected. We had one symposium on the program last year and shall have two this year. More than these would, to my mind, be neither interesting nor profitable.

While your committee endeavors to secure such scientific papers as in their judgment will be most acceptable to the society, they nevertheless recognize the fact that some of the members attend the annual meetings quite as much for recreation of the body as for cultivation of the mind. It is, therefore, self-evident that there will not be a full attendance at the reading of every paper.

It has been the object of your committee to secure a few good papers rather than many mediocre ones, and if the gentlemen who have been asked to prepare papers, will respond promptly, your committee can assure the society of a good program for next June.

Very truly yours,

NORTON L. WILSON.

of the Committee on Scientific Work.

### Prescribing When Drunk.

Section 365 of Chapter 169 of the Laws of Indiana of 1905, an act concerning public offenses, provides that whoever, while in a state of intoxication, prescribes or administers any poison, drug or medicine to another, which endangers the life of such other person, shall, on conviction, be fined not less than \$10 nor more than \$100, and be imprisoned in the county jail not less than ten days nor more than three months.—*Journal A. M. A.*

### Prescribing Secret Medicines.

Section 366 of Chapter 169 of the Laws of Indiana of 1905 provides that whoever prescribes any drug or medicine to another, the true nature and composition of which he does not, if inquired of, truly make known, but avows the same to be a secret medicine or composition, and thereby endangers the life of such other person, shall, on conviction, be fined not less than \$30 nor more than \$100, and be imprisoned in the county jail not less than sixty days nor more than six months.—*Journal A. M. A.*

# THE JOURNAL

OF THE

## Medical Society of New Jersey.

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JANUARY, 1906.

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*Each member of the State Society is entitled to receive a copy of the JOURNAL every month.*

*Any one failing to get the paper promptly will confer a favor upon the Publication Committee by notifying them of the fact.*

*All communications relating to the JOURNAL should be addressed to the Committee on Publication, 794 Broad street, Newark, N. J.*

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### PIROPLASMOSIS HOMINIS.

Chowning of Minneapolis has described (*International Medical Annual*) under this name a blood disease affecting particularly the inhabitants of the Rocky Mountain Region of the United States. Maxey gave the first clinical description of it in 1899. It had been confounded with mountain fever and black measles.

Thirty-two per cent. of all cases occur during the month of May and ninety per cent. in April, May and June. Sex and age bear little relationship to the number and severity of the cases. They occur, however, somewhat more frequently among adult males between thirty and forty years of age.

Two types of the disease are seen. In Nevada, Idaho and Wyoming the mild form prevails. This is rarely fatal, seldom presents an eruption and runs an uneventful course. In Montana, however, the severe type is found. In this the mortality is said to be from 70 to 80 per cent. The onset is characterized by chills, cephalalgia, dorsalgia and hyperpyrexia; the temperature ranging from 100° to 107° F. The eruption appears on the second or third day and consists at first of discrete, rose-colored maculae appearing upon the wrists and ankles, accompanied by lassitude, myalgia, constipation and restlessness. The tem-

perature continues to rise, the macular rash invades the entire body, the head—and back-ache disappear to a degree, and the patient sinks into a condition of extreme listlessness and indifference, punctuated by periods of irritability. Constipation continues and the rash becomes petechial and later confluent, in a large majority of the cases. In some photophobia, slight opisthotonos and carphologia may be present. Kernig's sign is uniformly absent. The tongue is heavily furred. The respiration and pulse rate increase in rapidity without, however, any constant relation to each other, or to the temperature. The body may become marbled in appearance; oedema of the hands and feet and especially of the face may be present and be so pronounced as to obliterate the facial expression several hours before death.

The crisis is reached on the seventh or eighth day. If the patient does not die his fever falls by lysis and a tedious convalescence follows. Gangrene of the lobes of the ears, finger-tips, elbows, labia, scrotum or knees may be encountered in severe cases early in the course of the disease.

Treatment has so far proved unavailing. Although good results are said to have followed the administration of quinine in very large doses.

The spleen is enlarged to four or five times the normal size and all the viscera show more or less congestion. The liver is markedly fatty.

The cause of this interesting disease is assumed by Chowning and Wilson to be a hoematozoon possessing slow amoeboid motility, which they have named *piroplasma hominis* in conformity to Laveran's classification and which is introduced into the blood of man by the bite of one or more of the numerous varieties of ticks which infest the area over which the disease is known.

The life-cycle of the parasite has not been worked out. It is found in the blood plasma and in the red cells. A similar organism has also been found in the spinal fluid.

### ACID AUTO-INTOXICATION IN INFANCY.

Lovett Morse in a recent paper (*Archives of Pediatrics*, August, '05) discusses this condition. He says that it is probable that its cause is not always the same. "In some cases it is probably due primarily to disturbances of metabolism, whose nature and cause are unknown, while in others it is probably primarily due to disturbances of digestion, which presumably induce secondary disturbances of metabolism." That acetonuria is a comparatively frequent condition in infancy as well as in adult life is now well known, being especially prevalent in diabetes and in the cyclic vomiting of infancy and childhood.

An interesting series of cases occurring in the Boston Children's Hospital has recently been reported by Brackett, Stone and Low; who also quote a series of similar cases from the literature. These cases all showed certain symptoms in common as vomiting, associated with collapse; weak and rapid pulse; absence of fever; cyanosis in the fatal cases; extreme dyspnoea, apathy and stupor alternating with periods of restlessness gradually, in the fatal cases, deepening into coma and death, and the presence of acetone in the breath and urine." There was extreme muscular atrophy. And in those cases that came to autopsy, there was extreme fatty degeneration of the liver and muscles.

These symptoms were attributed to acid intoxication and the presence of the acid bodies was alleged to be due to the fatty degeneration of the muscles and liver. Morse gives the following conclusions: "The acetone bodies are not found in the urine of comparatively healthy infants and children by the ordinary clinical tests." Acetonuria in these subjects is caused by approximately the same conditions as in adults. The symptoms are due in part at least to the acid intoxication and can frequently be forestalled by the exhibition of bicarbonate of soda. It is probable that the acid intoxication is not primary but secondary. Although with our present knowl-

edge the etiology is obscure, the presence of acetonuria should never be overlooked as a factor in either the diagnosis or treatment of many conditions of malnutrition in infants and children.

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### UNION AT LAST.

After weary and vexatious delays, recriminations, misunderstandings and legal technicalities *ad nauseam* the two great medical societies in our sister State have been united by the practically unanimous vote of their members, and the union has been consummated by order of the court. So the world moves on. The original secession of the Medical Society of the State of New York from the American Medical Association about twenty-five years ago marked an epoch in the history of American Medicine. It was a dramatic and momentous occurrence. The defection of the Empire State from the National Association was naturally a severe blow to the power and influence of the latter body.

Many of us can recall the bitterness of the conflict and the ill-will which it engendered. There are still influential physicians in New York who affect to despise the National Association, actuated more, we believe, by the prejudice handed down from that memorable schism than by any other motive.

Years ago it was freely said that the National Association never could recover its prestige east of the Alleghanies. The Congress of American Physicians and Surgeons was founded in great part, at least, with the expectation that it would become the great medical organization in the United States and would assume the leadership which the American Medical Association was alleged to have forfeited by its narrow and unenlightened policy.

We all know that this expectation has not been realized. The Congress stands as a noble monument to its founders and as an organization which embraces the cream of the scientific physicians of this country. It is not, and can never be, a power for the righting of medical wrongs, for uniting and



organizing the entire profession, a power politically and socially that shall carry out every reform which is dear to the heart of the true physician.

The National Association on the other hand has, under admirable management, at last achieved a position to do just these things. Now that the schism in New York State has been healed and the principles which led the State society to secede have practically been adopted by the National body, there is a prospect of advance and achievement before the profession of America which surpasses the dreams of a generation ago.

In his admirable presidential address Doctor Goffe, the last president of the New York State Association, has said "The Association is not dead while the State Society lives."

In the self sacrifice, the devotion, the broadmindedness and the courage of such men,—and Doctor Goffe has a number of associates like unto himself,—lies the hope of the reunited profession of the great State of New York. The qualities of mind and of heart that have wrought this great victory are the qualities that will carry forward to completion the organization of the various elements in the State. The future is big with promise. With one breath we express our admiration for what has been done and our firm conviction that more glorious results will follow.

### ALCOHOLIC NOSTRUMS.

Sometimes we feel rather optimistic and begin to think that after all justice and fair dealing may become the rule and not the exception in political and social life. That things may be called by their right names and that our legislators may be induced to pass laws that food and drugs shall not be adulterated.

We had hardly dared to hope, however, that patent medicines containing alcohol would ever be subjected to the internal revenue laws taxing alcoholic beverages and prescribing that they shall only be sold by dealers having a license to sell spirits.

Whew! What a rumpus there will be amongst the ghouls that batten on human misery and extort revenue from human credulity if they shall be forced to tell the truth and to comply with the law of the land!

It has been known for a great many years that any "tectotalor" could, and sometimes did, get drunk on various brands of "stomach bitters" and "purely vegetable tonics." But that our supine and "easy" revenue department should finally wake up and decree the taxation of these tipples as alcoholic beverages is well nigh past belief; and yet we are assured that it has done so.

Pretty soon the nostrum vendors may be forced to tell what they put into these mixtures and to submit their wares to government analysis to prove that they are telling the truth.

Then at least people will know what they are taking and it may possibly dawn upon the members of the W. C. T. U. and others that the government is at last taking steps to aid them in their warfare against man's greatest curse, his love for stimulants and narcotics.

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### THE COUNCILOR'S BULLETIN.

The first issue of this publication has been received at this office and has proved very interesting. It is a pamphlet of thirty-two pages and will be issued bi-monthly from September to May. It is intended for the councilors, secretaries and presidents of state medical societies and for county secretaries, "members of the house of delegates of the American Medical Association and any others especially interested or at work upon medical organization."

The value of this handy little pamphlet to those interested can scarcely be over-estimated as it is replete with facts and figures printed in a convenient form such as we all want for ready reference.

Not the least valuable feature of the *Bulletin* is a collection of suggestions from State councilors sent in from all the States in the Union. There are also many ex-

cellent suggestions about organizing and keeping alive county societies and bringing out the members.

If there is any secretary of a county society, or any other member of the State organization, who would like to receive the *Bulletin* regularly, it will be sent him free of all expense, if he will send his address to Dr. George H. Simmons, 103 Dearborn avenue, Chicago, Ill.

### THE ORATORS.

The chairman of the Scientific Committee has requested us to make the suggestion to the Board of Trustees and to the society as a whole that henceforth the orators for the annual meeting be elected at the preceding annual meeting.

This we gladly do. The honor of being an orator before our State Society is a very great one. We believe that the selection is too important to be in the gift of a committee. As the society grows in numbers and influence, these appointments should be eagerly sought for and their being made by a committee might lead to considerable jealousy. Whereas, if the whole society should elect the orators, as other State Societies now do, there will be less chance for personal feeling, and the honor done the member selected will be accentuated.

### THE AMERICAN MEDICAL DIRECTORY AND BIOGRAPHICAL CARD INDEX.

We print in another column a recent editorial from the *Journal of the American Medical Association*, and urge upon each of our readers its careful perusal.

Until we had read this editorial we did not realize that so many important details in regard to the great body of American physicians have not yet been definitely ascertained.

We agree that no more important work has ever been undertaken by the great association than this one, and we hope that every physician in New Jersey, whether he or she belongs to the State society or not, will at least fill out the blank properly and send it to Chicago, as requested in the editorial.

And we shall be heartily ashamed of any member of our State society who neglects this obvious duty.

### NOSTRUMS AND PATENT MEDICINES.

There is an important distinction between these two classes of remedies, which in fairness we ought to observe when we discuss these topics. Dr. E. Eliot Harris in an editorial in the December issue of the *New York State Journal of Medicine*, which we reprint in another column, defines concisely the differences between "proprietary and patent medicines, nostrums and secret synthetics," and to his excellent summary we direct the attention of our readers.

### AN ENTERPRISING ORGANIZATION.

The *Journal of The New Mexico Medical Association* presents an extremely attractive appearance. Dr. G. W. Harrison is the editor. Dr. G. S. McLandress is his associate, and Dr. J. H. Wroth is the consulting editor. According to Polk's Register for 1904, the total number of doctors in New Mexico is 229. What the exact membership of the association may be, we are not informed; but it must be less than 200. The revised list of members of the Essex County (N. J.) Medical Society is 268, and they are all located within about a dozen miles of each other, and yet find it difficult to turn out fifty men to listen to a fine scientific lecture in a comfortable and easily accessible hall; while our New Mexico confrères, scattered over an area larger than the combined areas of the states of New York, New Jersey, Pennsylvania, Delaware, Massachusetts, Connecticut and Rhode Island, and being, all told, less in number than two-thirds of one of our county societies, can maintain a bright, wide awake journal. Comment seems scarcely necessary.

### Notices From Scientific Committee.

The Committee on Scientific Work desire good papers for the next annual meeting. Members intending to contribute will please send their titles to the committee as soon as possible. All papers should be type-written and must not take over fifteen minutes in reading. Address, Talbot R. Chambers, M. D., Commercial Trust Building, Jersey City, Chairman Scientific Committee.

*The Reporters of The County Societies are reminded that their duties begin on the first day of July following their election. The Committee on Scientific Work especially desires this year to have a full and complete report of all matters of medical interest occurring in each county in the state, and take this means of urging upon each reporter the necessity of beginning to write his report now if he has not already done so. The reports should especially deal with epidemic diseases; climatic and hygienic questions; the action of the local health authorities; the condition of the milk and water supplies; etc., etc. In short, taken together, they should give at a glance a good resumé of the health conditions of the State during the preceding year. Social conditions, the growth of the county societies, deaths and marriages of members, etc., should also form a part of each report.*

*Reporters who send in their reports one month before the meeting of the State Society thereby become entitled to sit as annual delegates in the meeting.*

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### MARRIED.

**James S. Akehurst, M. D.,** Baltimore, to Agnes Hance, of Stewartville, N. J., December 3.

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### OBITUARY.

**Dr. Eleanor Chestnut,** a medical missionary, has been murdered in Lien-Chow, China.

**Edward Bennett, M. D.,** Jefferson Medical College, Philadelphia, 1855, a member of the Ocean County Board of Freeholders since 1878, and for many years a director of the board, died at his home in Barnegat, N. J., November 23, from heart disease.

**Emma De L. Burd, M. D.,** Medical and Surgical College of the State of New Jersey, 1889, died at her home in Yonkers, N. Y., November 22, after a short illness, aged 61.

**Mrs. Jacqueline E. Minor Maghee,** mother of James Minor Maghee, M. D., of West Orange, N. J. died at the residence of her son, December 9th.

**Daniel Walters, M. D.—**Long Island College Hospital, 1897, died at his home in Wharton, December 11, aged 36, of typhoid fever. He is survived by his mother and three brothers. One of these is Dr. John Walters, of Wharton.

**Charles H. Osborne, M. D.,** Bellevue, 1880, died from diabetes at the residence of his sister, in Newark, December 9th. He was 53 years old and unmarried. He was well-known as a traveler and a linguist.

**Edson Davidge Royal, M. D.,** College of Physicians and Surgeons in the City of New York, 1904, an interne in the General Hospital, Paterson, N. J., died at his home in Lebanon, Conn., November 28, from valvular heart disease, after an illness of six months, aged 31.

**Clarence Bartow, M. D.,** a Roosevelt Hospital ambulance surgeon, whose family reside in South Orange, was killed in a collision between the ambulance and a sight-seeing automobile in New York city recently.

**John Milton Rand, M. D.,** Dartmouth Medical School, 1858, died at his residence in Newark, December 18, aged 71. He was a surgeon in the civil war, serving with the 25th Army Corps. In 1866 he settled in Newark, where he was well known as one of the founders of the Hospital for Women and Children, of which he was the senior surgeon at the time of his death. He was a member of the Essex County Medical Society. A widow survives him.

**James Elliot, M. D.,** died at his home in Newark, December 14, from exhaustion. He was born in Ireland eighty-eight years ago and graduated at the New York University in 1849. He had practiced in Newark for over fifty years and was one of the original visiting physicians to St. Michael's Hospital. He had written a number of books, especially on matters relating to the history and progress of the Catholic Church, of which he was a devoted member. He is survived by three sons and four daughters. Among the former is Dr. Daniel Elliott, of Newark.

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## State Society Notes.

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### PRIZE ESSAY.

This prize was instituted by the Medical Society of New Jersey at the annual meeting in 1905, and is open for competition to the members of the Component (County) Medical Societies.

The subject chosen is "The Symptoms, Etiology, Pathology and Treatment of Pneumonia."

The essays must be signed with an assumed name and have a motto, both of which shall be enclosed in a sealed envelope containing the author's name, residence and component society.

The essay shall contain not more than 4,000 words, and must be characterized by originality in investigation and thought, and by clearness and conciseness of expression, and be, in the judgment of the committee, of decided value to the members of this society, and to the profession generally. Failing in these respects, no award will be made.

The essays, which should be type-written, with the sealed envelope, must be placed in the hands of the committee on or before the first day of May, 1906.

The committee will select the first two essays in order of merit. To the first will be awarded the prize of one hundred dollars, to the second that of honorary mention.

The unsuccessful authors will receive back their essays upon their identification to the chairman of the committee. The suc-



cessful essay will be the property of the society and be published in its transactions.

CHARLES J. KIPP, Newark, *Chairman*.

WALTER B. JOHNSON, Paterson.

DAVID C. ENGLISH, New Brunswick.

*Committee.*

### Additions to Membership, Deaths, Removals, Etc.

*The secretaries of the county medical societies are requested to forward each month to the secretary of the Medical Society of New Jersey a list of new members, deaths, removals, etc. Cards for this purpose have been sent to each of the county secretaries. Additional cards can be obtained on application to Wm. J. Chandler, South Orange, N. J.*

### An Important Meeting.

A meeting of the Committee on Legislation and the Auxiliary Committee was held at the Trenton House, in Trenton, on December 4th. In the absence of the chairman, Doctor L. M. Halsey, the meeting was called to order by Doctor George E. Reading, who was elected president pro tem. Doctor Henry H. Davis was elected secretary. The following gentlemen were present: Dr. William A. Westcott, Dr. A. Marcy, Jr., Dr. William A. Shipps, Dr. Richard C. Newton, Dr. E. E. Sheldon, Dr. A. W. Atkinson, Dr. A. C. Johnson, Dr. Edwin De Baum, Dr. C. J. Kipp, Dr. W. Elmer, Dr. E. Hollingshed, Dr. J. P. Hecht, Dr. I. M. Sheppard, Dr. A. C. Hunt, Dr. O. H. Spraul, Dr. C. R. P. Fisher, Dr. W. H. Long, Dr. Elmer Barwis, Dr. D. B. Ackley, Dr. T. H. Mackenzie, Dr. W. A. Clark, Dr. J. A. Morgan Dix, and Dr. J. W. Bennett.

After roll call Doctor Reading stated that the object of the meeting was to take such action as may be necessary to prevent the abrogation of the present medical laws of this State, and to maintain so far as possible the high standard of efficiency now demanded of all persons applying for license to practice medicine in New Jersey.

The resolutions passed by the Camden County Medical Society were adopted, and the secretary was ordered to have copies of the same printed and sent to the secretaries of the county medical societies throughout the State with a request that each county society pass similar resolutions. Copies were also ordered sent to the members of the State Senate and House of Assembly.

### Camden County Medical Society.

CAMDEN, N. J., November 12, 1905.

Your committee appointed to report the position of the Camden County Medical Society on the efforts of Osteopaths to secure a separate State Board of Osteopathic Examiners, or representation on the present State Board of Medical Examiners, beg to report as follows:

1. Osteopathy is not a system of medicine, but only a branch thereof, chiefly massage and manipulation, and, therefore, is not entitled to State recognition, as a system.

2. The remedial agents employed by osteopaths are familiar to and employed by physicians of all schools of medicine in the treatment of certain conditions.

3. The educational requirements for osteopathic license, as set forth in their bill introduced into the Legislature last winter, were so markedly below the present educational requirements for license to practice medicine and surgery in New Jersey, that recognition could not be granted on their basis without detriment to the people and the profession of the State.

4. While setting a lower standard of educational requirements for license, the bill conferred at the same time all the rights and privileges in matters pertaining to the public health that are now enjoyed by physicians, who have complied with the higher standards of the present medical statute.

5. If Osteopaths desire State recognition and the privileges granted to practitioners of medicine and surgery, they should comply with the same educational requirements and pass the same examination that the State now exacts from all practitioners of the three great schools of medicine, viz.: the Regular, Homeopathic and Eclectic.

6. With these facts in view, the Auxiliary Legislative Committee respectfully ask the representatives of your county in the Legislature to vote against any measure that will lower, or tend to lower, the present educational standards of the State for its medical license.

GEORGE E. READING, M. D.,

*President pro tem.*

HENRY H. DAVIS, M. D., *Secretary.*

### *New Members of the Society for the Relief of the Widows and Orphans of Medical Men of New Jersey.*

G. H. Sexsmith, of Jersey City.

J. A. Chord, of Jersey City.

Wallace Fyle, of Jersey City.

Henry Spence, of Jersey City.

O. R. Blanchard, of Jersey City.

William M. Barnes, of Springfield.

### *New Members of the American Medical Association from New Jersey:*

C. F. Baker, Newark; L. L. Davidson, Newark; L. G. Kirkman, Newark; J. G. L. Borgmeyer, Bayonne; C. R. P. Fisher, Bound Brook; T. N. Gray, East Orange; T. W. Madden, Collingswood; R. Neer, Paterson; M. E. Townsend, Atlantic City; M. M. Vinton, East Orange.

### **Dr. Wight's Plan for Co-operation Between Public and Charitable Institutions in New Jersey**—Rev. Dr. George B. Wight, State Commissioner of Charities and Corrections, has announced that it is the purpose of his department to get in close touch with all the private charitable institutions of the state, with the hope of securing mutual aid and co-operation.

Of course the state department has no jurisdiction over the private institutions, but Dr. Wight believes that methods have been adopted in the private places that might be of use to the state department in its supervision of the state charitable institutions, while on the other hand it is Dr. Wight's opinion that the new state department is quite likely to make discoveries and devise plans that could be used to advantage by the private institutions.—*Evening News.*

**The Medical Club of Elizabeth, N. J.**, held its regular monthly meeting December 12. Dr. J. P. Reilly gave an interesting account of his recent visit to Rochester, Minn., to see the Mayo brothers at work in their own hospital. The meetings of this society are well attended and, aside from their scientific interest, serve to cement the members together in a strong professional fellowship.

## Hospital Notes.

The Long Branch Hospital will receive \$500 by the will of Albert H. Randall, of Locust.

By the will of the late William N. Murphy, father of Ex-Governor Franklin Murphy, of this state, Saint Barnabas Hospital, Newark, and the Newark Eye and Ear Infirmary each will receive \$1,000.

**Hospital acquires a fine property.** The Hospital of the Immaculate Conception in Orange has purchased the residence of Michael Winter, Esq., which adjoins the building already occupied by them, and will immediately add it to their present equipment.

**Erratum.**—Dr. Thomas N. Gray calls attention to the fact that the Hospital of the Immaculate Conception in Orange, was wrongly designated an Italian Hospital in our December issue. It is a general hospital "for the reception of patients regardless of race, creed, or civil condition."

**Mrs. F. L. B. Mayhew**, of South Orange, has given \$1,000 to the Orange Memorial Hospital to be used in the construction of a solarium in the new building as a memorial to Cecilia Speir Morrow, daughter of one of the governors of the institution, who died about a year ago.

**Dr. Charles H. Bailey**, of Bloomfield, has resigned the presidency of the visiting staff of the Mountainside Hospital, and Dr. Henry B. Whitehorn, of Verona, has been elected his successor.

**The Clinical Society** of the Elizabeth General Hospital held its regular monthly meeting December 19. Dr. H. R. Livengood read a paper on "Diabetes in Children."

**A Charity Ball** on a scale never before attempted in that town, was given in Plainfield, December 29, for the benefit of the Muhlenberg Hospital.

**Charitable Bequest.**—By the adjudication of the estate of the late Maria T. Wirgman the Cooper Hospital, Camden, receives \$124,689.50.

**Charges against a Hospital.**—Charges have been filed with Mayor Fagan, of Jersey City, by members of the Jersey City Board of Hospital Trustees against the management of the City Hospital. The allegation is that there is a general lack of discipline in the institution, and that jealousy and discord prevail among nearly all the employees and officers. Reflections are also cast upon the nursing department, and upon the care received by the patients.—*Medical Record*.

**The Maple Avenue School** in Montclair was closed and disinfected last month, some undiscovered cases of scarlatina having been in attendance for several days.

**Livingston Farrand, M. D.**, executive secretary of the National Association for the Study and Prevention of Tuberculosis, spoke before the Charities Conference of the Oranges on December 26, on the "Educational and Preventive Methods to be Employed in the Eradication of Tuberculosis."

**The Board of Education** of Elizabeth has issued an order excluding from school all children suffering from tuberculosis, and putting that disease on the same footing with scarlet fever, diphtheria and other contagious diseases.

Dr. Funk questioned the power of the board to do this, but they decided to recall the action only if beaten in court.

## A Report on Tuberculosis.

Chief in point of interest of the half-score or more matters brought to the attention of the Board of Trade, of Newark, on December 13th, was a report on tuberculosis, prepared by a subcommittee of the board's committee on public health, and read by Dr. Theodore W. Corwin. Its reading was followed by the adoption of a resolution providing for the appointment of a committee to arrange for the bringing to Newark of the tuberculosis exhibit recently shown in the Museum of Natural History in New York. *Newark Evening News*.

**Hospital Staff Selected.**—The board of governors of the Atlantic City Hospital has elected the following medical staff to serve one year from November 1: Drs. W. Blair Stewart, Elisha C. Chew, Theodore Senseman, Emery Marvel, Edgar Darnall, A. Burton Shimer, Walt P. Conaway, J. Addison Joy, William M. Pollard, William H. Bennett and Joseph C. Marshall. Dr. Charles K. Mills, Philadelphia, was appointed consulting physician and Dr. W. F. Ridgeway pathologist of the hospital.

**Personal.**—Dr. and Mrs. C. D. Martinetti, Orange, sailed for Europe October 21 on the Fuerst Bismarck.—Dr. Katherine Porter, Orange, has returned from abroad.—Dr. Sidney C. Keller, Paterson, has been appointed a member of the resident staff of St. Elizabeth's Hospital, Utica, N. Y.—Drs. William A. Clark and Nelson B. Oliphant, Trenton, have returned from abroad.—Dr. Arthur H. Dundon, Plainfield, has been appointed registrar of vital statistics.—Dr. Immanuel Pyle, Jersey City, has been appointed successor to Dr. Stephen V. W. Stout on the staff of the City Hospital.—Dr. Dennis R. McElhinney, Elizabeth, has been appointed city physician, vice Dr. George W. McCallion, deceased.—Dr. A. Haines Lippincott, Camden, has returned from a trip to Yellowstone Park and the Pacific coast.—Dr. and Mrs. George W. Spera, Jersey City, have returned from a tour of the Great Lakes.—Dr. Talbot R. Chambers and family, Jersey City, have returned from Europe.

**Frederick R. Green, M. D.**, has been appointed assistant to Dr. Simmons, general secretary of The American Medical Association.

The semi-annual session of the State Dental Commission to examine graduates to practise dentistry in New Jersey convened in the Assembly Chamber in the State house December 12.

**Alfred C. Pedrick, M. D.**, a physician of Passaic, has been convicted of malpractice in a case tried before Judge Scott, in the Court of Quarter Sessions, in December.

Sixty-six doctors died in this state during the year September 15, 1904, to September 12, 1905, or nearly three per cent. of the number of registered physicians.

Since the abolition of the army canteen the amount of money saved by the enlisted men from their pay and deposited with the paymaster has decreased by \$2,000,000.

**Dr. A. F. Van Horn and T. F. Tomlinson** have been reappointed medical examiners of the Plainfield schools.

Dr. Calvin Anderson has been elected mayor of Madison.

Dr. Joseph H. North, Jr., has been elected mayor of Pleasantville.

**Appropriation for School Inspection.**—The town council of Montclair has made an appropriation of \$1,000 for medical inspection of schools.

**Accidents.**—Dr. William H. Pratt, Camden, narrowly escaped serious injury when his carriage was struck by a train October 11.—Dr. Alexander McAlister, Camden, was thrown from his carriage October 14 and seriously injured.

**The Ward-Eric Disbrow Collection** of geological specimens in the Free Public Library of Newark, was opened to the public last month. The collection, which is, in some respects, considered one of the finest extant, represents years of labor and scientific research on the part of Dr. William S. Disbrow, the president of the Essex County Medical Society.

**The War on Nostrums.**—At the annual meeting of the New Jersey State Sanitary Association held at Lakewood, on December 8, Samuel Hopkins Adams, the journalist, delivered an address on the subject of patent medicines, in which he stated that bills will be introduced in the Legislature of New Jersey and other Eastern States, this winter, which, if passed, will put the secret preparations out of business. Embodied in these bills are provisions compelling the makers of proprietary medicines to print upon their labels the composition and ingredients of the article, and also fixing the retail price of the preparation according to the actual worth of the ingredients. These bills, Mr. Adams declared, will be introduced by prominent legislators in each State.—*Medical Record.*

### Lecture on Contagious Diseases.

Dr. I. J. Rachlin lectured on "The General Management and Prevention of Infectious and Contagious Diseases" at the Free Public Library on Tuesday evening, November 14th. This was the first of a course of lectures to be given on the second Tuesday of each month under the auspices of the New Jersey Branch of the National Society for Instruction in First Aid to the Injured.

The other lectures will be upon the following topics: 2, "Tuberculosis" (Care and Prevention); 3, "General Hygiene"; 4, "Ventilation"; 5, "Common Deformities"; 6, "The Care of the Skin and Its Diseases"; 7, "The Blood, Its Circulation and Diseases"; 8, "The Management of Accidents in General"; 9, "Dust and Its Dangers"; 10, "The Care of the Eyes"; 11, "The Feeding of Children, Between the Ages of Two and Four Years"; 12, "Practical Nursing."

### MEDICAL LIBRARY ASSOCIATION OF NEWARK, N. J. CONSTITUTION.

#### ARTICLE I.

**Name.** This organization shall be incorporated and called "THE MEDICAL LIBRARY ASSOCIATION," of Newark, N. J.

#### ARTICLE II.

**Object.** The object shall be to establish and maintain a medical library in Newark, by purchase, by gift, or by arrangement with the Newark Free Public Library, or in other ways, for the free use of all interested and for the diffusion of medical knowledge.

#### ARTICLE III.

**Members.** Any one interested in the objects of the Association, who will subscribe to the Constitution and By-laws and pay the dues, may become a member. Failure to pay dues as provided in the By-laws shall constitute forfeiture of membership.

#### ARTICLE IV.

**Dues.** The initiation fee shall be \$3, which shall include the dues for one year, and the annual fee shall be \$3 from each active member. A single payment of \$50 shall make the contributor a life member.

#### ARTICLE V.

**Officers and Committees.** Section 1. There shall be a President, Vice-President, Treasurer, and Secretary, elected annually, by ballot, and four Directors, two to be elected annually for two years, all of whom shall constitute a Board of Trustees. The office of Treasurer and Secretary may be held by the same member. At the first election two of the four Directors shall be elected for one year only.

Sec. 2. There shall be two committees, each of three members, appointed annually by the President, who himself shall be, *ex-officio*, a member of each, a Purchasing Committee which shall have charge of the purchases for the library, and a Membership Committee, which shall have charge of the maintenance and increase of the membership and the solicitation of gifts and endowments.

Sec. 3. No member of the Board of Trustees, except the Secretary and Treasurer, shall be eligible to succeed himself.

#### ARTICLE VI.

**Meetings.** Section 1. The annual meeting shall be held in November, the place and day being chosen by the President.



Sec. 2. The Purchasing Committee and the Membership Committee shall meet bi-monthly, and as often as may be necessary to promote the welfare of the Association.

Sec. 3. Special meetings may be called by the President on request of five members, who shall furnish due written notice of their intention.

#### ARTICLE VII.

*Purchases.* All purchases for the library shall be made by the purchasing committee. The aim shall be always to buy works of the greatest use to the largest number of members. No money shall be spent upon obsolete works in an attempt to amass a merely large library. *Gifts* of books, periodicals or anything of medical interest, shall, however, always be encouraged, and endowments solicited for the educational purposes of this Association.

Suggestions from members for the purchase of particular books shall be made in writing. It shall be the duty of the purchasing committee to carefully consider them and to satisfy them so far as the funds and the interests of the whole membership may admit.

Sec. 2. Title to all property, purchased with the funds of this Association or acquired by deed of gift, shall remain permanently with the Association (vested in its Board of Trustees).

#### ARTICLE VIII.

*Librarian.* As long as the trustees of the Newark Free Public Library co-operate with this Association, providing, free of charge, room and proper facilities for the care of this library, their librarian shall, by virtue of his office, be librarian for the Association and an *ex-officio* member of its committees.

#### ARTICLE IX.

*Amendments.* Amendments to this Constitution and By-laws may be made at any meeting by two-thirds of the members present, provided, that notice of such amendment shall have been given to all the members of the Association at least one month prior to the meeting.

### State Nurses' Association Election.

The New Jersey State Nurses' Association has elected these officers: President, Mrs. d'-Arcy Stevens, Orange; first vice-president, Miss Mary F. Mason, Newark City Hospital; second vice-president, Miss Laura MacHale, St. Joseph's Hospital, Paterson; secretary, Miss Emma Young, St. Barnabas' Hospital, Newark; treasurer, Miss Catherine Neafsy, Newark German Hospital.

The New York Life Insurance actuaries say that total abstainers are better risks than even moderate drinkers by from twenty to fifty per cent.

### A Loving Cup Presented.

The fiftieth birthday of Dr. Gordon K. Dickinson, of Jersey City, was celebrated by a banquet, given in his honor at Meyer's Hotel in that city, on December 15, by his professional friends; and by the presentation of a silver loving cup. *The Jersey City Evening Journal* says that about 125 guests sat down to the banquet, which was quite the most notable gathering of doctors ever witnessed in that county.

### Nostrums Are Beginning to Get Their Due

The *Journal of the American Medical Association*, after thinking the matter over for a long time, has finally decided to come out flatfooted on the side of respectability in the ranks of the profession. This official organ of the American Medical Association is setting a pace in the matter of exposing the humbuggery of those nostrum makers who pretend to be ethical and to appeal to physicians only, which medical journals conducted as commercial enterprises dare not attempt to follow. And the *Journal* is throwing consternation in to the ranks of nostrum manufacturers and publishing houses by calling a spade a spade, in a manner which causes much merriment to the onlookers and gives pleasure to those who have labored a life time to present quackery in its true light. One of the most encouraging signs of the times is the fact that the National Association of Retail Druggists at its recent Boston meeting by a special resolution endorsed the action of the American Medical Association in its "work of eliminating from the practice of pharmacy and medicine, as far as practicable, unethical, secret, and in some cases fraudulent and dangerous compounds." With the United States government and the State excise authorities taxing as liquors those nostrums which but for the alcohol in them would be practically without value; with the *Ladies' Home Journal*, *Collier's Weekly*, *Leslie's Monthly Magazine* and some of the other lay publications appealing directly to the intelligence of the public; with the *California State Journal of Medicine* and the *Journal of the American Medical Association* showing the physicians a few things which it is worth their while to notice; and with *The Druggists' Circular* encouraged by the enthusiasm of the new journalistic converts to redouble the efforts which it has been making for an enlightened practice of pharmacy for nearly half a century, we can repeat in conclusion what we said in the beginning, nostrums are beginning to get their due.—*The Druggists' Circular and Chemical Gazette*, Nov., 1905.

The Press Committee of the Proprietary Association,

184 La Salle Street (Room 1205),  
Chicago, Ill.

#### To the Publisher:

We are enclosing a copy of a communication which recently appeared in the *Journal of the American Medical Association*. It outlines the attack that is to be made on proprietary medicines.

Believing that you are interested in this matter we also enclose for your information printed memoranda on the subject, which we hope you will read and preserve for reference.

We should be pleased to hear from you at any time and should you desire we can furnish you with interesting copy which will briefly state the facts about patent medicines.

The success of this agitation means the destruction of the proprietary medicine business, which is the system of medication now used with benefit by the great majority of the people.

Yours very truly,

(Signed) THE PRESS COMMITTEE,  
A. H. Beardsley, Chairman.

It is rumored that the Prince of Wales has tuberculosis of the lungs.

## THERAPEUTIC HINTS.

"In the new-born we meet frequently with a condition of mastitis usually brought about by meddlesome interference with the infant's nipple in attempts to squeeze out secretion."—*Dr. Augustus Caillé (Post-Graduate Medical Journal.)*

"Support to the abdominal walls is often a factor of great moment in relieving abdominal pain. A good, firm belt, though in my opinion of no value in preventing the formation of a hernia, will often entirely relieve its symptoms. In patients with many old peritoneal adhesions, the most intense intestinal discomfort is at times produced by discarding their abdominal support. A child with a comparatively insignificant umbilical hernia may be transferred from a miserable dyspeptic to the picture of health by the application of a suitable support."—*Dr. John B. Deaver (Yale Medical Journal.)*

"The main essential in the medicinal treatment of chronic interstitial nephritis is the care of the heart and circulation. The great lesson of clinical experience in this form of chronic nephritis is that the maintenance of renal adequacy and the prolongation of life depend on the integrity of the cardio-vascular compensation."—*Dr. Arthur R. Elliott (Medicine.)*

"In view of the voluminous testimony as to the injurious consequences on the heart and vessel walls of the diversified games indulged in under our modern civilization and the effects of the newer, strenuous life, it is incumbent on the medical profession to urge temperance in the matters of competitive athletics and strain, both mental and physical, without delay. It has been well said that infections and accidents barred, death generally comes through arteriosclerosis."—*Dr. William Osler (Journal of American Medical Association.)*

"In giving directions to our hay-fever patients concerning their diet, mode of life, etc., it will be well to instruct them to avoid walking too fast and getting overheated, especially if the weather be warm and damp or foggy, as under these circumstances asthmatic symptoms are apt to be aggravated. They should also be cautioned against cooling off too quickly, or exposing themselves to draughts."—*Dr. Ralph Wait Parsons (Medical Record.)*

"The great desideratum in the treatment of yellow fever is not to disturb the stomach, and to relieve the congestion of the kidneys. If we could keep the stomach in a state of quiet and the kidneys in a state of functional activity for three or four days, 'yellow jack' would cease to be such a dreaded disease. We must by all means, therefore, pay the closest attention to these organs."—*Dr. A. M. F. De Ybarra (Therapeutic Gazette.)*

The next International Congress on Tuberculosis will meet in Washington in 1908.

"**Making Cocain Fiends** is another profitable enterprise. Catarrh powders are the medium. A decent druggist will not sell cocain as such, steadily, to any customer, except upon prescription, but most druggists find salve for their consciences in the fact that the subtle and terrible drug is in the form of somebody's sure cure. There is need to say nothing of the effects of cocain, other than it is destructive to mind and body alike, and appalling in its breaking down of all moral restraint. Yet in New York City it is distributed in 'samples' at ferries and railway stations. You may see the empty boxes and the instructible labels littering the gutters of Broadway any Saturday night, when the drug store trade is briskest.

"Birney's Catarrhal Powder, Dr. Cloe's Catarrh Cure, Dr. Gray's Catarrh Powder and Crown Catarrh Powder are the ones most in demand. All of them are cocain; the other ingredients are unimportant—perhaps even superfluous.

"Whether or not the bottles are labeled with the amount of cocain makes little difference. The habitues know. In one respect, however, the labels help them by giving information as to which nostrum is the most heavily drugged.

"People come in here," a New York City druggist tells me, 'ask what catarrh powders we've got, read the labels and pick out the one that's got the most cocain. When I see a customer comparing labels I know she's a fiend.'

"Naturally these owners and exploiters of these mixtures claim that the small amount of cocain contained is harmless. For instance, the 'Crown Cure,' admitting 2½ per cent., says:

"Of course, this is a very small and harmless amount. Cocain is now considered to be the most valuable addition to modern medicine. . . It is the most perfect relief known."

"Birney's Catarrh Cure runs as high as 4 per cent., and can produce testimonials vouching for its harmlessness."—*Collier's Weekly.*

## DISPENSING PHYSICIANS MUST PAY LIQUOR TAX.

The deputy collector of internal revenue for the Minneapolis district announces that under a ruling handed down by the Treasury Department, he will have to collect a liquor dealer's tax from every physician who compounds his own prescriptions, or who uses alcohol or alcoholic liquors in so doing. The ruling expressly states that the tax must be collected from all physicians who keep a supply for their patients of "malt tonic," whisky, port wine, blackberry brandy and similar compounds, or use the same in compounding their medicines. The fact that liquors are furnished for medicinal purposes only makes no difference as to the tax.—*Journal A. M. A.*

The JOURNAL will be glad to print original papers from any source, preferably from members of the State Society, provided that they shall be of sufficient merit and shall be contributed to this paper exclusively.

Anonymous communications will not be published, but the name of the author of a communication will be kept secret if the editor is requested to do so.

The Medical Society of New Jersey does not hold itself responsible for the sentiments expressed by the authors of papers.

It will be satisfactory to all concerned if authors will have their contributions typewritten before submitting them for publication. The expense is small to the author—the satisfaction is great to the editor and printer. We cannot promise to return unused manuscript.

Authors may obtain reprints of their papers at cost, provided a request for them be written on the manuscript. Matter received after the 20th of any month cannot, as a rule, appear in the next issue of the JOURNAL.

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## CONSIDERATIONS REGARDING PRESCRIPTION WRITING TO-DAY.\*

By Fred M. Corwin, M. D.,  
Bayonne, N. J.

Recently in our Society and in the Hudson County Medical Society, we have had a number of papers dealing with the ethics of our calling, as regards our relations to ourselves, and to our patients, etc. It has seemed to me that I might supplement these papers by calling your attention to some considerations regarding our relations to the pharmacist, or, to consider the matter in its broadest application, to the purveyors and manufacturers of chemicals, drugs and pharmaceutical preparations.

Nowadays a peep at the shelves, and into the closets, behind the prescription counters of our drug stores, reveals a vast array of broken original packages of the wares of the different manufacturing pharmacists of more or less repute, from the large and widely known houses, like Parke, Davis & Co., Mulford, Wyeth, Stearns, Billings, Clapp & Co., down to a lot of concerns which are scarcely known outside of their own towns, but which have managed by dint of persistent pushing of "literature" and samples to get their wares prescribed by physicians. And it is with this phase of our prescribing, that is, the ordering of the various semi-proprietary, proprietary, and out and out quack medicines that I propose to deal to-night.

Many of these proprietary articles are ethical, and many are not. Of those which

might in themselves be classed as ethical, some are exploited in a manner which, in my opinion, puts them without the class, and makes their use by the medical profession entirely inadvisable.

This is an age of combinations in all lines of business; of trusts; and the pharmaceutical being no exception to the general rule, there is no doubt that the manufacturing pharmacist to-day has both the dispensing pharmacist and the prescribing doctor by the throat. I do not know whether we can help it, but I do protest against the methods of some of these concerns, and I beg your indulgence while I invite your attention to some of the reasons why I think many of these enterprising manufacturers merit our effective and lasting rebuke.

Before looking into the reasons why we should not prescribe some of these proprietary articles, it may not be amiss to consider the reasons why we ever should prescribe any of them, and the first and most apparent reason is, that the manufacturing pharmacist can and does turn out a better article than the average retail pharmacist. Here, as in all other lines of business, the beneficial effect (on the product) of combination and concentration of capital; the possession of special apparatus; the employment of skilful chemists; the laboratory facilities for research and experiment; the procuring and handling of crude materials in large quantities, all enable the manufacturer of these proprietary articles to turn out a product which shall be as pleasing as possible to the eye, nose and palate. When a given product has been brought to a certain standard of quality which, for our

\*Read before the Practitioners' Club, of Jersey City, May 9, 1905.



present purpose, we will assume to be perfection, and the product has withstood the test of time and climatic changes without alteration, the manufacturer can then place at the service of the physician an article which the latter can depend upon (*if he gets it*).

There is no reason, theoretically, why every pharmacist in Jersey City should not make as good an elixir, phosphate of iron, quinine and strychnia, as Wyeth & Bro., yet, if samples of this every day article made by themselves were obtained in every store in the city, the result would be almost as many different appearing, different smelling and tasting elixirs as there are different stores, and it is fair to assume that the efficiency and potency would differ also; some might be better than Wyeth's, but by far the largest part would not be as satisfactory, nor are the reasons very obscure.

In the first place it takes a number of years for a really meritorious formula of this kind to find its way into the U. S. P., or in other words to become official. The pharmacopœia is revised every ten years by a commission made up of delegates from the pharmaceutical and medical associations of the different States. Between times there are published various dispensatories, which are in reality commentaries on the pharmacopœia. While they have a standing which might be described as semi-official, they are in reality but the expression of personal opinion by the authors who collate and write them. In addition to the dispensatories, there are various works on pharmacy, and various collections of formulæ by various professors of the art, who feel called upon to produce a work of this kind, to fill a want long felt by the pharmacist; never, of course, for their own advertisement, or the coin which may accrue.

The result is, that until a given elixir, we will say, has been put in the pharmacopœia, the latter published and in the hands of all our pharmacists (and some of them never do procure one) the samples of elix. phosp. iron, quinine and strychnine obtained in twenty different stores, may have been made from almost as many different formulas.

Again supposing each store provided with the same formula, one familiar with the conditions behind the prescription counter, or in the back rooms of most of our drug stores, operated by from one to three educated and licensed pharmacists, and more or less by boys and apprentices, can readily understand why the products differ.

The pharmacist in his store, undertaking to assemble the materials and blend them in the most desirable manner, is subject to countless interruptions; waiting on customers, drawing soda, selling postage stamps, and postal cards, telephoning for a doctor, etc., etc., and this while going through with a process which he undertakes but once or twice in a year, perhaps. Hence we can readily understand the greater and more reliable uniformity of the products turned out by the large firms who employ specialists to work at one thing all the time.

What has been described above of the elixir of the phosphate iron, quinine and strychnia, is true of a large number of preparations which are made up by a number of manufacturing pharmacists, and are in no sense proprietary articles. Much to my surprise, one of our up-to-date Bayonne druggists told me recently that he did not blame physicians for specifying some particular make, as these large concerns could make better preparations than he could.

If we attempt to classify these various articles found in the drug stores to-day, we will have something like this:

1. Chemicals. These are definite chemical substances, not mechanical mixtures, mostly copyrighted names, which are usually coined words, such as antipyrin, antifebrin, phenacetone, ammonol, diuretin, urotropin, trional, sulfonal, veronal, etc.

Just here a word of caution for masquerading as true synthetic chemicals, similar to what the above claim to be, are a large number of patented articles which are nothing but mixtures of acetanilid with sodium salts, caffeine, etc.

Acetanilid, (the original antifebrin), and probably to-day about as good as any of them, costs twenty-five cents a pound, and these mixtures are retailed or sold "specially to physicians" for about a dollar an ounce.

2. Elixirs, Syrups, Fluid—Extracts, Cordials. A large group, including many official compounds, made in common by most of the large manufacturing houses, the only advantage claimed by each maker being the great care and skill used in selecting crude materials, and in the making up.

3. A group of special articles of a more or less complex character, many of them containing digestive ferments or their products, or other substances of animal origin, such as the enzymes, nucleins. The manufacturing of which calls for special facilities, and special knowledge and skill.

The formulas of this group purport to give the composition of the article in more

or less detail, and include the various preparations of pepsin, pancreatic extracts, and other enzymes and digestive ferments, and the products of their activity; the predigested foods; the nucleins, serums, antitoxins, malt extracts, etc.

When we contemplate the complexity and unending number of combinations of the substances brought into use of late years by the research of experimenters in organic compounds and products of animal origin, the enzymes, the nucleins, the serums and antitoxins, and other biological laboratory products, we find ourselves immediately in the presence of a group of remedies which are far and away beyond the resources of the retail pharmacist, and we are obliged to go to the large manufacturer for these special products.

4. A large group of proprietary articles, alleging to give the precise formula on the package. Many of these are original; many are imitations, and it may be said of any original formula, that as soon as it attains any popularity it is promptly imitated. It may further be said that the pharmacist who tries to reproduce one of these mixtures by following the alleged formula, finds that often he has to modify the same considerably before he obtains a product which closely resembles the one sought for, in appearance, taste and physiological and therapeutic properties; the modification sometimes even necessitating the addition of some powerful drug or alkaloid, which is not supposed to be present at all.

This group includes many meritorious articles, and many which have no real justification for existence, outside the pecuniary benefits to their proprietors and promoters. As examples I will name boro-lyptol, listerine and various antiseptic, or alleged antiseptic compounds, bromidia, iodia, glyco-heroin, triacol, febriline, Wampole's and Hagee's alleged cod liver oil preparations, unguentine, liquor sedans, mist helonin comp. and other Schlotterbeck preparations, milk of magnesia, phosphomuriate of quinine compound, soluble wheat phosphates, and all the various hypophosphite compounds of the different makers, Gardner's syrup of hydriodic acid, etc.

5. A group of preparations coming largely from the West or middle West, which are essentially secret remedies, while they are alleged to represent and possibly do represent certain drugs of more or less well known therapeutic usefulness.

Concerning articles of this group, and

their promoters, Dr. Robinson, in an article in the *Journal of the American Medical Association*, very well says: "They simply tell you: 'prescribe our goods; they produce wonderful results; you need not know what they consist of, we will look out for that. All you want to do is to order in original packages and use according to directions.' And, sad to say, there are numerous physicians who do just as they are told."

In this group may be mentioned—sanmetto, seng, chionia, cactina pillets, Hayden's viburnum compound, celerina, antiphlogistine, aleteris cordial.

Most of these preparations are advocated and exploited by a more or less ingeniously, sometimes very ingeniously written literature, which aims to relieve the doctor from any burden, care, and mind worry, once his diagnosis is made, and if we can place any credence at all in the mass of letters and recommendations coming from Rossville, S. I., Secaucus, N. J., and other large centres of medical intellect and activity, they find a ready sale among a numerous and widely scattered class of doctors, who like to be relieved of such worry. It is a lamentable fact that medical education does not relieve some people of their natural credulity and gullibility.

It has seemed to me that the same mental make-up which would prompt a layman to believe everything he or she would read about "Hood's Sarsaparilla" or "Lydia Pinkham's Vegetable Compound," would, if that individual had fallen, or climbed, into the pleasant ways of medical practice, make him a gullible and faithful follower of the Odd quarterly, or the Medical Brief, and their scientific teachings, and a supporter of seng, cactina pellets, antiphlogistine, glycothymoline, etc., etc.

Right here, however, I want to say that even this class of preparations may not be entirely beneath our notice, as some of them prove to be but the forerunners of ethical and officinal preparations later on. The tinct. opii deodorata of the U. S. P. to-day is an imitation of an old nostrum known as McMunn's Elixir of Opium. Tinct. benzoin comp. was originally Friar's Balsam. Hayden's viburnum comp. is reproduced or improved upon in elixir cramp bark of either Wyeth or Parke, Davis & Co. Sanmetto is elixir saw palmetto comp. (Parke, Davis & Co., or Sharpe & Dohme), and numerous such examples might be cited.

I am inclined to place considerable of the blame for this undesirable preponderance and unmistakable attractiveness of these

factory made products on the pharmacopœia itself. I can imagine the official formula being debated over by a body of middle aged men of vast intellects, and minds disciplined by careful education along chemical lines to wonderful scientific precision, pondering over schemes to make preparations of uniform strength and proportions, getting in all the active principles, of course, their one idea being to accomplish the latter, without thought as to what is to become of these mathematically correct products. They are men of excellent health and strength, else they would not have time and energy to be bothering over these matters. Being druggists and doctors themselves, they know better than to take medicine anyway, but if, notwithstanding these very desirable attributes which I have alleged, the time comes when they must take a few doses, being men of strong wills and stomachs, they swallow what is handed to them, make a face, and that is the end of it. And it is quite possible that they do not see any reason why every one else cannot do the same.

To my mind the pharmacopœia revision committee should include a few connoisseurs and artists in the science of cocktail mixology and a few ladies with nerves and "such a delicate stomach," and the mothers of a few spoiled children. Under these circumstances a formulary might eventually be promulgated, which would enable every pharmacy to make up its own pharmaceuticals, and produce a set of the same, which would make it unnecessary for the prescribing M. D. to append the name of his favorite manufacturer after nearly everything he writes for.

Now what are the objections, some may ask, to prescribing these proprietary articles? I can see several. In the first place, the effect on the mind and resourcefulness of the prescriber is detrimental, narrowing, blunting and destructive of individuality, of the ability to adapt the mixture to the special case before him; and I can readily anticipate that as this practice becomes more and more general prescription writing will become a lost art. I believe the use of made up formulas of pills and tablets tends the same way, as does dispensary and hospital routine prescribing of mixtures by numbers, etc.

Some years ago there was in our town the pioneer physician whose advent antedated the drug stores, and he had on his shelves a half dozen or so large bottles conspicuously labelled "Croup," "Diarrhoea,"

"Tonic," etc. It happened more than once that new people having come to our town, and having been recommended to him, came to me after having made him one or two visits talking something like this: "I don't believe I want that man to doctor me; he may be all right, if one has the croup or diarrhoea, but even then I don't believe every one ought to get the same medicine; you could not expect every one to wear the same size and style of shoe or hat, and I don't believe the same medicine will always suit everybody."

Now to my mind the doctor who becomes in a great measure dependent upon made up mixtures, is putting himself in essentially the same position as the old doctor who had a few bottles of his own mixing. He has more bottles to choose from, perhaps, but that is all, and his patients, the discriminating ones, who can see through a ladder about noon time, sooner or later recognize the fact.

Second, The Pharmacists. Pharmacy is the handmaid of medical practice, and it requires no active imagination to look back to the time when the early physicians not having the time to gather the herbs, minerals, snakes, lizards, and the various kinds of excreta, which their therapeutic abilities called for, had to have assistants to whom they delegated these duties, and hence the pharmacists.

Now I know as well as anyone of you, that some members of that profession are inclined to overstep the limits of their training and calling, but as a class they are a conscientious, painstaking, hardworking set of men, who merit our hearty coöperation and assistance.

The time has not come yet, and never will come, when the large metropolitan department stores and even the large metropolitan cut-rate drug houses can fully replace the corner drug store.

They can make serious inroads into his trade in patent medicines and proprietary articles, which are not needed in a hurry, but there will always be the unexpected wants and needs, the emergencies which cannot wait until some one is going to the city, even if there are one or more commuters in the family. And the physician himself, not infrequently, wants to drop in and ask the druggist's advice as to how best to prescribe some articles with which he most likely is not as familiar as he should be; how much of a certain drug will dissolve in a certain combination; whether such and such salts are chemically incompatible, etc. etc.



It would be better for all of us if we dropped in oftener. We are not infallible. Which one of us has not made a slip of the pencil, while writing a prescription, with one or two people talking to us, putting down the drachm sign when grains were wanted or the ounce for the drachm, etc.?

How many times has the pharmacist shielded you by telling the customer "it will take an hour or two to put this up," because he had to wait to find you by 'phone or otherwise," and find out just what you wanted, or to correct an evident error in quantities, which would have been disastrous to the patient?

Such errors, if discovered by the patient, or his friends, would do much to impair their confidence in the doctor, and unless the latter had a very firm hold on them, might loosen it altogether.

Now when we prescribe a proprietary article, we are giving the manufacturers the biggest part of the profits. Of course the laborer is worthy of his hire, and the manufacturer who produces a really meritorious article should reap a benefit, but the end of it is not here.

Our philanthropic manufacturers of proprietary articles, in their zeal to have the suffering invalid get only the best and purest, recommend that we prescribe only the original package, so as to avoid substitution; and then what happens? The patient notices an odd shaped bottle with Dickinson's Peptomangan (we will say) blown in the glass. When the bottle is empty, a bottle of Dickinson's Peptomangan is procured from Macy's or Riker's or Hegeman's. Nor is this all of the episode. If, happily for the patient, improvement follows the use of a bottle or two, our patient has learned a fact, which a certain considerable portion of them note carefully for future use, and perhaps not only that, but she goes about recommending it to her friends, whom she imagines to be afflicted "just exactly the same as I was," and thus the doctor and the pharmacist get a dose of the same undesirable neglect.

It is no uncommon experience in these days after writing a prescription to have the patient, perhaps in the office, look at it, and ask: "Is this a ready made up thing, doctor? Will I need to take much of it? If so, can't I get a bottle in New York? I can get it so much cheaper over there." That eliminates our pharmaceutical friend, and quite possibly eliminates us also the next time.

Now concerning the first class, the alleged

true chemicals, there is perhaps but little to be said in objection to their use. There is of course an instinctive objection on the part of all of us to monopolies, as long as we are not the monopolist, but beyond that, I see but one. The use of but one word, and that a coined word, for the name of a remedy is objectionable, in that it readily catches the eye, and is in turn caught on to by our patients. If the remedy works well, especially for the relief of some frequently recurring condition, as phenacetine in headache, we soon find that our patient has an ounce box of phenacetine, or a bottle of five-grain tablets, and we are eliminated from further consideration. Now a combination of two words such as in the proper chemical nomenclature would be the name of a salt, is far preferable, or even the tongue twisting, jawbreaking, proper chemical name of some of these modern coal tar products. Who does not know of anti-pyrin? How many would know of it if it had only been written for as oxy-di-methylquinizin? As soon, therefore, as one of these monopolized chemicals, under the coined name, becomes recognizable and put in the market under its chemical cognomen, we should take pains to familiarize ourselves with the fact, and make us of it.

Antifebrin thus becomes acetanilid or better yet, phenyl-acetamide. Phenacetine, para-acet-phenetid. Ammonol, phenyl-acetamid ammoniated. Sulfonal, diethyl-sulfon-methyl methane. Trional, diethyl-sulfonmethyl-ethyl methane. Isopral, trichlor-isopropyl-alcohol. Veronal, diethyl barbituric acid. Aristol, di-thymol-di-iodide. Diuretin, sodium theobromine salicylate. Urotropin, hexamethylene-tetramine.

Coal-tar products! What an endless number of bona fide chemicals come parading down the pike under this comprehensive designation, and it would seem as if every manufacturer might put out his own analgesic, anodyne, hypnotic or febrifuge, and if exploited in an ethical manner, there can be no consistently valid objection.

But the very profuseness of these genuine (sic) chemicals seems to offer a fine opportunity to unscrupulous manufacturers and enterprising pharmacists to foist upon the credulous physicians and not more credulous public, a food of spurious, alleged, synthetic products, in which we find our old and reliable friend acetanilid more or less masked and disguised by admixtures of sodium bicarbonate or salicylate, caffeine, and various less useful adulterants, or adjuvants doing

the best it can to relieve suffering, and generally doing pretty well too, while the enterprising promoters of these fakes rake off the difference between the thirty to fifty cents a pound, which their mixtures cost, and the ten to sixteen dollars, or so, per pound, which they get for them.

It becomes our duty not only to shun these offending articles, but to do all that we decently can to discourage their use. Of this class, probably the most notoriously unethically exploited one to-day, is anti-kamnia. You are all familiar with the series of skeleton heads, etc., on calendars of a year or two ago, and the more recent picture of a Sister of Mercy, or some such religious order, with eyes upturned, an attitude of pious contemplation, as if seeking inspiration from above; and on what is the gaze rivetted, but a luminous tablet bearing the symbol "A. K."?

Recently I saw the show cases of a drug store covered with these cards, which customers were expected to take home, and the manufacturers of this fake have the nerve to cumber our mails and waste baskets with alleged reasons why we should prescribe anti-kamnia. Among other examples of this mixture of acetanilid, and other substances may be mentioned, phenalgin, sal-fene, phenobromate, phenolid, febralgene, phenamid, analgesine, antikol, antinervin, caffacemon, caffanol, exodyne, febrinol, phenatol, pyretine, kaputin. I might add that orangeine, and all the numerous headache powers, tablets, and wafers that cover the show cases and counters of our drug stores, are practically the same thing.

Concerning the line of official pharmaceuticals, cordials, elixirs, etc., of the second group, which are made up by all the large manufacturing pharmacists, in common, I can see no harm whatever in specifying this or that make, if one prefers so to do, and he thinks that the pharmacist who may fill the prescription does not make as good a one.

Now what about the articles coming in the third and fourth groups of our classifications, which are claimed and made only by one house? (these are the real proprietary articles). This list is a long one, comprising many really meritorious articles, many of which are exploited to the profession only, and in a manner which seems ethical and unobjectionable, and I can see no harm in prescribing all such. In fact we cannot keep ourselves in the list of up-to-date physicians without doing so. Quoting Dr. Robinson again:

"Our first duty is to our patients. If a patented preparation will do our patients more good than an official one, let us prescribe it by all means regardless of the fact that the manufacturers are making a good profit out of it. I am simply pleading for discrimination. The high-class manufacturers of true synthetics, of products in whose preparation real chemical skill and knowledge are required, or of elegant pharmaceutical preparations, about the composition of which there is no mystery, and about which no extravagant assertions are made, who subject their remedies to clinical tests at the hands of competent physicians before they launch them into the market, should be supported and encouraged; the fakirs who mix two or three well known ingredients, christen them with some fancy name and make extravagant assertions for them, should be boldly and fearlessly exposed."

Among the list of apparently ethical preparations, which are not exploited in an ethical manner, the most notorious offender occurring to my mind at the present time is Gude's Peptomangan. The owners of this article would like us to believe that it is the only compound of iron and manganese peptonate in the market worthy of confidence. Yet it is probably true that every manufacturing pharmacist is to-day putting in the market just as good a one. To avoid substitution (and disappointment *on our part*) we are enjoined to prescribe only the original package: and then, what is found? A peculiar shaped bottle with Gude's Peptomangan blown in the glass, and the story is told.

Since soon after the controversy several years ago between Gude's Peptomangan and Liq. Ferri-Mangan Peptonati, Dieterich, as to which was the original peptone compound with iron and manganese, I prescribed only the Dieterich preparation until recent years when every manufacturer is making probably just as good, notwithstanding the fact that these preparations have to worry along without the testimonials of college professors, who in the intervals of making blood counts and writing such testimonials, find time to worry about the ethics of their country brethren, and to devise codes of ethics to prevent them from advertising themselves, and thus degrading our noble profession to a commercial plane.

Concerning the fifth group there is little to be said, and but very little to recommend them. As I have already stated, however, there are useful preparations occasionally found even here, but it is always advisable

to avoid preparations whose composition is not known, and for which extravagant claims are made.

### A SUBMUCOUS RESECTION OPERATION FOR DEVIATION OF THE NASAL SEPTUM; WITH THE DESCRIPTION OF SEVERAL NEW INSTRUMENTS.\*†

By Lee Maidment Hurd, M. D.,  
New York.

*Assistant Throat and Ear Surgeon, Manhattan Eye and Ear Hospital; Member of the American Laryngological, Rhinological, and Otolological Society; Secretary of the Section of Laryngology of the New York Academy of Medicine; American Medical Association, etc.*

Cases of this class were formerly corrected, more or less satisfactorily, by some of the fracturing methods, namely, the operations of Asch, Gleason, Roe, and others.

Gibb, of Philadelphia, in the *Journal of the American Medical Association*, October 29, 1904, reports the results of 100 cases of septal deviations treated by the methods of Asch, Watson-Gleason, and the saw. Sixty-five cases were operated upon by Asch's method in which a good result was obtained in 47 cases. He qualifies the words "good results" by saying, that "it does not mean that in each case recorded as good, a perfectly straight septum had been secured, nor that each case has been entirely uneventful in its course." But out of 65 cases 47 were good, 11 fair (fair means "those which could not be considered successful either from an artistic or functional standpoint, but in which better breathing space and more comfort to the patient was secured"). I personally would consider these cases pretty near failures. In one of the failures a Watson-Gleason operation was subsequently done successfully. Of those treated by the Watson-Gleason method, 19 resulted good, 3 fair, and 1 unknown. In the remaining cases the projection was sawn off. He also states in his conclusions, that "A certain number of cases are inoperable." I quote only Gibb, as his results seem to be better than the average. So much for the results obtained. Some of the disadvantages are, that a general anesthetic is necessary, the after-pain is considerable, and

the removal and reintroduction of the hard rubber splints daily, as is the custom of most operators, is extremely painful. Rarely do the splints used fit the nose, and having it plugged with hard tube for several weeks is far from pleasant, and then, after all this discomfort only to get good results in about two-thirds of the cases. By the submucous window resections a local anesthetic only is required. There is practically no pain, and the nose is packed for one day, instead of hard-rubber splints being worn for four or five weeks; and the results, as you will see later, are uniformly good.

The submucous resection was first performed by Suckstorff; Hartmann, Roux, Juracz, and Krieg were pioneers. Krieg removed the mucous membrane on the convex side as well. This destroyed the secreting surface on one side of the septum and left a large granulating wound that healed slowly. Killian and Hajek later used a single buttonhole incision and preserved the mucous membrane on both sides.

About the same time, Freer, of Chicago, perfected his method, which also aims to save all the mucous membrane. Freer recently reports 116 cases with uniformly good results; the only complications were 13 perforations, six of which occurred in the first 15 cases. I may say here that a perforation of the nasal septum seldom gives any trouble. Killian reports 220 cases operated upon in his clinic and he mentions no poor results.

Indications for the submucous resections are the same as those observed in the Asch or Gleason methods, plus many cases that were formerly classed as spurs but which are really deviations either of the cartilage or of the bone and sometimes of both. Experience with this method has shown that there are comparatively few real septal spurs. It is now recognized that they are deflections with some slight thickening along the ridge or angle. In these so-called spur cases the more prominent portion of the convexity and overlying mucous membrane is removed with the saw, which often results in a dry spot on the septum that forever afterward has an annoying crust formation.

There is another class of cases in which the cartilaginous septum is considerably thickened naturally, or in consequence of some previous inflammation or traumatism, and in this class only a submucous resection will relieve the condition. Forming another class are neuroses due to nasal irritation from the deflected septum pressing against

\*Read before the Essex County (N. J.) Medical Society, at Newark.

†Reprinted from the *Medical Record*, November 25, 1905.



a turbinate. Straighten the septum rather than destroy the turbinate. There are also cases of accessory sinus disease, which probably are caused by a deflection which prevents drainage and treatment of the sinus intranasally.

It makes no material difference whether the deviation is due to traumatism or faulty development. There is no case inoperable so far as the condition of the septum itself is concerned, but there are a few contraindications that, as a rule, would apply to any operative procedure—advanced tuberculosis for example; but patients who have pulmonary trouble with a fair prognosis may be greatly benefited by increasing the calibre of their nasal passages. Any infective process on or near the nose, such as lupus or furunculosis, would jeopardize the result; also constitutional diseases such as diabetes and active syphilis should prevent any operative procedure.

Patients suffering from acute coryza should be allowed to recover before being operated upon, and where there is purulent secretion the nose should be treated first to reduce the pus as much as possible before proceeding; but when the septal deviation prevents drainage from an accessory sinus, and the treatment of the sinus disease is hindered by the deflection, I believe in going ahead and performing the resection under as nearly aseptic conditions as can be obtained.

Technique of the operation. Nearly every operator has perfected a method of his own. Krieg, for instance, removes the membranous flap, leaving but one thickness of mucous membrane, namely, that on the concave side. Under these conditions the raw surface has to heal by granulation and if not well watched the result is not always good. Killian uses a straight incision running from the floor "about one-half a centimeter back of the movable edge of the septum, not parallel to it, but a little oblique. The upper end is one centimeter or more further back than the edge of the cartilage." Hajek makes his incision along the free border of the cartilage; this brings it into the mucocutaneous portion of the septal membrane. Freer uses an L-shaped, an oblique, or an inverted T-incision, according to the nature of the deviation. I use a slightly curved incision, differently placed, according to the nature of the deflection, extending from the nasal floor upward and forward to the junction of the septum with the lateral wall.

Preparation of the patient: Have the face washed well, then follow by an appli-

cation of bichloride of mercury, 1 to 5,000 solution. Cover the hair and clothes with aseptic towels. If the membrane of the nose is normal the nasal cavity needs no preparation; if there is evidence of any infective secretion a douche of physiological salt solution should be given.

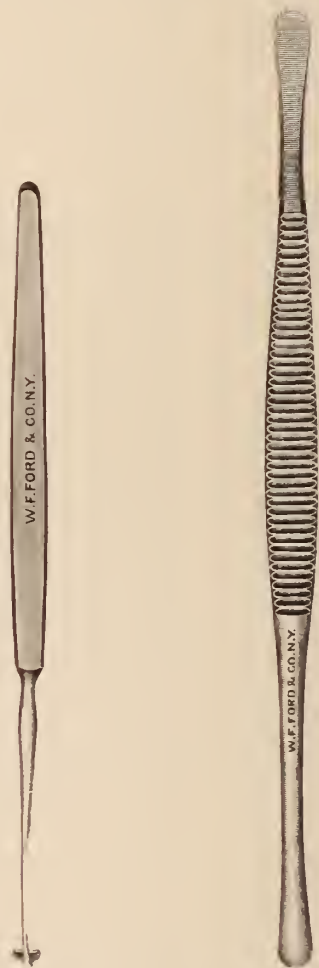


Fig. 1. Myles' Septal Knife. Fig. 2. The Author's Submucous Elevator.

One of the most important points in the technique is the cocaineization. It will repay one for the time expended to do this thoroughly, for the comfort of both the operator and the patient. I first spray both sides of the nose with a solution of an adrenal extract, 1 to 1,000 containing 1 per cent. of cocaine. I then pack both nostrils, if the deflection will permit, with cotton saturated with 5 per cent. cocaine solution and leave it in about twenty minutes. If the deviation is so extreme that it is impossible to pass the cotton pledgets, I then use a small silver cannula and inject a small quantity of 5 per cent. cocaine past the de-

flexion several times during the twenty minutes. On the removal of the cotton, spray with adrenal extract 1 to 1,000, and then submucously inject, at several points along the line of the incision, a few drops of 1 to 1,000 adrenal extract, containing one-half per cent. cocaine. If this method is used there will be absolutely no pain experienced. I operate with the patient in the upright position.

**Instruments used:** It is apparent that special instruments are required and different operators have devised sets ranging in number from five to over twenty for use in this operation alone.

I will describe the ones used by me, which comprise five special instruments supplemented by three others that can be found in any rhinologist's armamentarium. A large number of instruments is often confusing to the operator, and in addition causes loss of time in selecting the one desired. I will describe the different instruments as they are used in the course of the operation.

Having the nose perfectly anesthetized, as described, the incision is made in relation to the character of the deflection. If the free border of the quadrilateral cartilage is deviated, I start the incision on the floor of the nose and extend it along the deflected free border forward and upward to the junction of the septum with the lateral cartilage. If the deflection begins further back in the cartilage, the incision starts at the nasal floor about 3-16 of an inch in front of the deviation and runs upward to the junction of the septum with the lateral wall. The incision is given a slight curve forward to facilitate the elevation of the membrane and to increase the area of cartilage exposed. The cut should pass through both the mucous membrane and the perichondrium and a little way into the cartilage to make sure that the perichondrium has been divided along the entire length of the incision. I use for this purpose Myles's septal-knife which is semicircular in shape set at right angles to the shank. I use this knife as it is the most convenient instrument I have found for this purpose, but an operator can use any knife that is most convenient for him. I find it nearly impossible to incise accidentally the mucous membrane on the opposite side with Myles's knife. Now I am sure that the perichondrium has been divided. Next I use the sharp end of my elevator, which is a double ended instrument, the sharp end resembling a Volkmann curette, except that the cavity of the spoon is filled with metal. At first I used the curette

for this purpose, but later had the elevator made like this curette without hollowing out the spoon. I have recently found out that Hajek's elevator closely resembles this in-



Fig. 3. Bone Curette used for scraping through the cartilage.



Fig. 4. Ballenger's Swivel Knife.

strument, the only difference being that mine is somewhat smaller. The other end of the elevator is made of copper and is blunt and rounded. The flexibility of the copper allows this blunt end to be bent in any way desired so as to reach the posterior portion of the greatest angular deflection. The sharp end of the elevator is now inserted into the incision and worked along until the perichondrium is elevated back about one-third of an inch, then the blunt end should be used to continue the elevation over the entire cartilage on the convex side. The next step is to penetrate the quadrilateral cartilage. This I do just in front of the deflection with an ordinary bone curette as suggested by Yankauer, scraping through the cartilage until the membrane of the other

side appears. I find this the safest way, as the membrane is pushed before the curette and not wounded as is frequently the case when a knife is used for this purpose. Having exposed the membrane for about three-eighths of an inch vertically, I pass the elevator through and separate the mucous membrane from the concave side. Care must be used in elevating the membrane in order not to perforate it, as it may mean a permanent perforation. The cartilage now being free from membrane on both sides, the next step is to remove the deflected portion. Some operators use punch forceps for this purpose, biting the cartilage out in small pieces; others use small knives, set at different angles to their shanks, and cut the cartilage out in one piece, but the best instrument, in my opinion, for this purpose is the swivel knife, devised by Ballenger, of Chicago. This is a small U-shaped knife about three mm. wide, which swings between two prongs like a tuning fork; the ends of



Fig. 5. The Author's Submucous Nasal Speculum.

the U or stirrup knife are hinged to the ends of the prongs so that the cutting edge follows the direction of the pressure at the ends of the prongs. With this swivel knife the cartilage can be removed in a few seconds, while the other methods take minutes, and it leaves a smoother edge on the remaining portion. The Ballenger knife is so placed that the blade is against the edge of the cartilage where it has been perforated with the curette with one prong of the instrument on either side. The blade is pushed back along the incisor crest of the superior maxilla and the superior border of the vomer until the perpendicular plate of the ethmoid is reached, then upward along the perpendicular plate as high up as the deviation extends, then forward to within about an eighth of an inch of the junction of the septum and the lateral nasal wall, then downward until the blade emerges where it entered the cartilage. This all takes but three or four seconds in an uncomplicated case.

The deflected cartilage can be removed *in toto* with dressing forceps. The cartilage is thoroughly removed by the sense of touch. Now the cavity is inspected to see if the cartilage alone is deflected; if so the operation is completed, but if we find that it extends into the bone we proceed with the removal of the bony deflection. For the purpose of inspecting the cavity caused by the removal of the cartilage, some operators depend only on the ballooning out of the mucous membrane by the patient's inspiration, but as the patient cannot inspire all the time it strikes me that the operator must make slow progress. Killian uses his nasal speculum, which holds the membranes apart with its long blades. I have a speculum with a long upper blade and a short lower one, thereby rendering the aid of an assistant unnecessary. All the operators with whose writings I am familiar, require at least one, sometimes two, assistants, but my speculum separates the two membranes without possible injury and holds up the tip of the nose at the same time. The long blade is passed between the membranes and

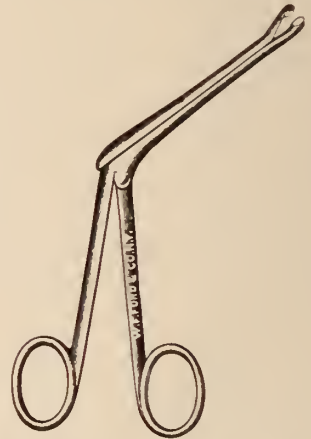


Fig. 6. Grunwald's Forceps.

the instrument is used with the long blade uppermost at all times. This instrument is not intended for use until the cartilage has been removed, which allows for the entrance of the long blade. With this speculum in place the interior can be easily seen at all times, and the bony deflection attacked in full view.

Of the instruments used at present for re-



moving the bony portion probably the best is Grunwald's forceps, which bites out that part of the perpendicular plate and vomer that is deflected, but there is no forceps yet described that will satisfactorily remove the incisor crest of the superior maxilla or a low deflection of the vomer. Most operators use a chisel or gouge. Chiseling the bone from the nasal floor in this way requires at least one assistant, and there is also thereby a fairly good chance of injuring the membrane. After the bone has been freed from the floor it is still attached behind, where it has to be broken off. For this pur-



Fig. 7. The Author's Down-cutting Forceps for attacking the Septal Ridge.

pose I have devised a cutting forceps on rather novel lines. It easily separates the membrane from the bone without causing it any injury, keeps the parts well in view, is worked without the aid of an assistant, and in addition secures a much smoother surface than that obtained by the use of the chisel. Now place the two septal membranes in apposition and if they are perfectly in the median line with no prominences, the septum will be straight when healed. Now I wash out the cavity with peroxide of hydrogen and follow with a nasal douche of physiological salt solution. I then place a small Bernay sponge in the side operated upon, taking care to keep the edges of the wound in apposition. I also place a Bernay sponge in the opposite side to keep the membranes in the median line and prevent the formation of a hematoma. The sponges are to be saturated with some nasal wash that contains a small amount of formalin; this causes the sponges to swell and holds the septal membranes firmly, preventing hemorrhage. The patient is then allowed to return home. Some operators put their patients to bed for a day, but as there is no shock in the average case, and with my method of using cocaine, but little

depression, I think they are better off out of bed. I remove the Bernay sponges on the next day. The patients are provided with an ointment, consisting of salicylic acid and menthol, each five grains; lanolin and vaselin, each half an ounce, to use liberally in the nose for the next twenty-four hours, and then I have them gently douche the nose twice daily with physiological salt solution. As the normal function of the elevated membrane does not return for several weeks the use of the ointment is continued, which overcomes a tendency of the mucous membrane to become dry and crusted. Some swelling is liable to occur after the removal of the Bernay sponges, which gradually subsides at the end of from ten to fifteen days. The one unpleasant complication that

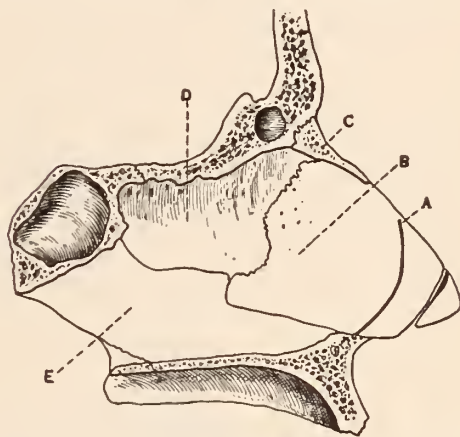


Fig. 8. Nasal Septum. A, Curved incision; B, quadrilateral cartilage; C, nasal bone; D, perpendicular plate of ethmoid; E, vomer.

may arise is septic infection, but if the patient is properly prepared and the surgeon's hands and instruments are sterile it should not occur; if it does, there is only one thing to do and that is to open up the wound and drain. Another less serious complication which has happened to me once, is to have a hematoma form between the membranes after the removal of the sponges. If this occurs and is neglected the clot probably will organize and the nose again become occluded; but it amounts to nothing if recognized and properly treated by compression between Bernay sponges for a day or two.

The after-results and permanency. Kilian seems to use the submucous window resection to the exclusion of all other operations for a like condition in the septum. Freer's first cases of nearly three years' standing are in excellent condition, the septum being firm and giving him the impression that the cartilage and bone had reformed.

In one of the cases, in which a perforation occurred, it was found free from crusts and gave no trouble whatever. I removed a

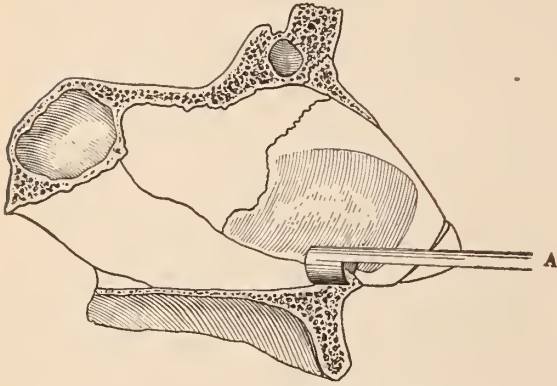


Fig. 9. The shaded part shows the portion of the cartilage removed. A, the cutting forceps engaged on the anterior nasal spine or incisor crest and the vomer.

piece of the septal membrane in one of my cases over a year after the initial operation, and subjected the specimen to microscopic examination, but could find no evidence that the cartilage was reforming, yet the septum in some of my other cases seems firm to the touch and leads me to believe that cartilage does form. I have done this

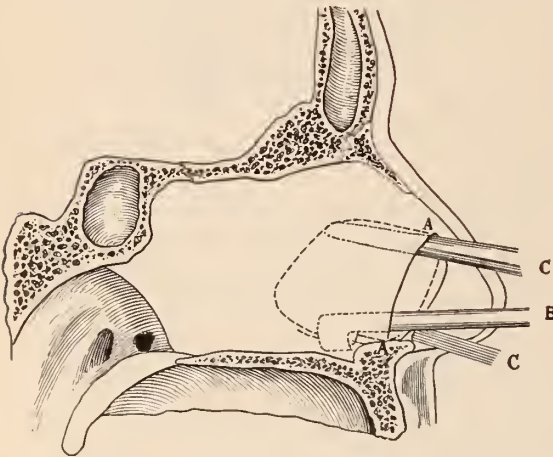


Fig. 10. A-A shows the incision held open by the long blades of the speculum C-C: the dotted enclosure indicates the amount of cartilage removed; B, down-cutting forceps attacking the lower deflected border.

operation thirty-one times, the youngest patients were 12 and 14 years of age, the oldest 60 and 63 years. I do not consider the extremes of age a contraindication as some do, except that very old people have tolerated their condition so long that it does not seem necessary to change it for an additional year or two. In very young subjects this condition is rare and sometimes the deflected septum is a part of a more extended

deformity of the facial bones. Quimby (*Medical News*, March 12, 1904,) reports the case of his own child who developed a deflected septum with a high narrow palatal arch; spreading of the teeth brought down the arch and so relieved the pressure on the septum that it finally became normal.

The possibility of weakening the nose or destroying the nasal profile. No one has, as yet, so far as I am able to find, reported a case in which the nose has been depressed by any injury after the operation. Freer reports four cases, in which severe blows were received upon the nose subsequent to the operation, with no ill effects. As to the sinking in or change of the nasal profile, most operators have not observed the slightest alteration in contour. However, Benzel and Mueller think they have seen some slight depression follow removal of the cartilage from under the lateral cartilages, but as many others have done this without recording any ill effects, and as it is not necessary in the majority of cases to go right up to the attachment of the septum with the lateral cartilages, I think there is no danger as long as primary union is secured. If the whole truth could be known it would probably be found that an infection caused fibrous tissue to form which contracted and pulled down the superior lateral cartilages, thereby changing the nasal profile somewhat.

Time consumed in performing the operation. Killian claims an average of twenty minutes; Freer averages forty-five minutes. As long as one is not hurting the patient, a saving of time is not so very essential. The one keynote to success in throat and nose surgery is to have the patient thoroughly cocaineized and take the time to see what one is doing. Do not work at the bottom of a dark cavity filled with blood, if you expect to achieve good results. My shortest time was ten minutes and my longest nearly an hour. Sometimes the elevation of the mucous membrane is difficult and tedious, but more often the time is taken up in removing the deep osseous deflections, for this, as a rule, is rather slow work. Inasmuch as this operation has come to stay it will in time probably supplant the crushing operations of Asch, Gleason, Roe, and others, entirely. However, it is a much more difficult operation to master thoroughly than the above mentioned, and in consequence of these technical difficulties it may not be as universally employed for some time as its merits justify.



## OBSTETRIC TECHNIC IN RELATION TO SUBSEQUENT PELVIC MANIFESTATIONS.

By John C. Applegate, M. D.

Professor of Obstetrics, Medical Department Temple College, and Obstetrician to Samaritan Hospital, Philadelphia, Pa. Formerly Member of the Surgical Staff, Bridgeton, (N. J.) Hospital.

The present status of child-bearing in relation to subsequent pelvic disease, places woman between two evils. If she fails to exercise the function belonging to reproduction, she is in greater danger of fibroid growths of the uterus and other characteristic maladies of the advanced maiden life. If she bears children, she is conforming to the moral and physical laws of procreation, but so frequently impairs her health that she shrinks from the ordeal.

That unrepaired, or imperfectly repaired lacerations of the parturient tract after childbirth stand in close relationship with subsequent disease or displacement of the pelvic organs, there can be no question. Conservative estimates show that about fifty per cent. of women become invalids, or partial invalids, sooner or later after parturition, and many of them gynecological subjects; while others experience minor pelvic disturbances, the true nature of which is revealed only at a subsequent labor or by accident. It is a well established fact, too, that of the long line of pelvic manifestations in the childbearing woman, many are traced directly to a previous labor. Obstetric technic, therefore, becomes an important factor.

In view of these facts, the most important points for consideration in this paper are the "etiological factors" of invalidism following childbirth, and "obstetric technic in its relation to subsequent gynecological manifestations", assuming that the sins of omission in practice are largely responsible for these conditions.

Lacerations somewhere in the birth canal, occurring during labor and followed by diminished tonicity and relaxation of the lining of the vaginal walls and pelvic floor, when not wholly detected nor perfectly repaired, are undoubtedly the predominant

etiological factors, resulting in one or more of the following manifestations or sequelae; subinvolution; endometritis and the well-known nervous phenomena, including neurasthenia; malposition of the uterus; proclivencia; menorrhagia; dysmenorrhœa; ovariagia; ovarian congestion; cystocele and rectocele.

Of the last named, (pelvic floor injuries), the number of women obliged to submit to subsequent operation, who have the impression "Faulty obstetrics" indelibly stamped upon them, is surprisingly large and can only be explained in one of two or three ways; either the lacerations have appeared to be too insignificant to make repair necessary, or the high lesions were overlooked in the presence of hemorrhage, abrasions and contusions present at the end of labor and during immediate repair, and the operation was necessarily a failure; or else the operation is deferred for some reason, and intermediate repair is declined by the patient, although the physician is usually held responsible for the result.

Careful and methodical examinations after labor in one hundred clinical cases, selected in their regular order, showed that lacerations of a lesser or greater degree existed somewhere in the parturient tract in 70% of primiparae and 25% of multiparae, occurring in the hospital under favorable circumstances. There were 38 repairs of which seventy per cent. were multiparae, 30 per cent. primiparae. The varying degrees and locations were such that classification was difficult. Of the number referred to, however, the following facts were noted:

1st. That of this number no third degree (complete sphincter ani) lacerations occurred.

2d. Fifty per cent. of the primiparae in some of whom disproportion or dystocic factors existed, although there was but one occipito-posterior position, were of the second degree type, extending into the lateral sulci, and had in addition, minor degree lacerations in the anterior vaginal vault or vestibule.

3d. The remaining fifty per cent. had the first degree or "fourchette" laceration of the perineum, and three of them more extensive ones in the anterior wall and the vault.

The multiparous injuries, except when dystocia existed, were nearly all above the skin surface of the perineum and in the positions occupied by the poles of the long diameters of the fetal head, i. e., the positions

\*Read before the Gloucester County Medical Society at Woodbury, N. J., Nov. 16, 1905.



they occupied when descent took place rather in advance of moulding and rotation.

The varying mechanisms in the two classes are worthy of notice from the point of treatment. The retarded labor in the primipara with slow dilatation, more complete moulding, relative positions of the diameters of the fetal head with the pelvis; while in the multipara, with her more rapid dilatation incomplete moulding, greater expulsive efforts and more rapid descent, bringing the head to the pelvic floor very often with improper relations between the diameters of the two, rotation and moulding taking place on the floor, unquestionably explain the existence of wall lacerations when the perineum is not involved in the one class, and vice versa in the other.

The points emphasized are:

1st. That the minor degree injuries exist much more frequently than was suspected until the routine examination method had been adopted, i. e. an examination at the end of labor and on the second or third day of the puerperium.

2d. That on the third day the patient's condition will warrant a more thorough and critical examination than at the end of labor, and show pathological conditions that could not previously be detected in the presence of hemorrhage, contusions and abrasions.

3d. That every laceration, no matter how small nor how shallow, breaks the line of continuity, and is capable of doing harm unless sought out and properly repaired. The simple and apparently insignificant fourchette laceration breaks the line at an important point and should always be repaired.

4th. The restoration of continuity is absolutely essential for the future support and maintenance in position of the pelvic organs.

The examination at the end of the first childbirth usually determines the floor laceration, because it communicates with the exterior; it does not always determine the presence nor extent of high wall injuries, especially in that class of cases with the perineum not involved, usually the multi-gravidæ. Because a woman has previously given birth to a child or because her perineum is intact is not a valid reason for not cautiously inspecting her pelvic cavity at the end of labor, and if not of the class demanding immediate repair, a second examination on the third day of the puerperium, when hemorrhage and oedema have

subsided, and the lesions, if any, can be readily outlined.

As previously intimated, the character of the mechanism influences the character and location of the injury. Dystocia, due to faulty attitude, extension of the head in the occipito-anterior positions for example, foretells a probable laceration in the anterior vaginal wall in the position occupied by the vesico-vaginal ligaments, which inevitably results in cystocele if unrepaired. This injury cannot always be readily detected nor easily repaired at the end of labor. That no laceration is so slight that it should be allowed to take care of itself, there can be no question, but regarding the time for repair to insure the best results, there are widely different views.

No uniform law or rule applicable in all cases, as to "when to repair" can be adopted, otherwise the exercise of judgment on the part of the accoucher would be reduced to a minimum. Judgment must be based on the following points:

Will the patient's condition at the end of labor warrant the thorough examination necessary to determine the extent of the injuries, and the thorough immediate repair? If so, are the injuries of such a nature that immediate repair will give as good results as the intermediate?

The advantages in favor of immediate repair are:

1st. The patient need not be subjected to a second operation, under anesthesia, which she so much dreads, and this I believe to be the strongest point in its favor, although the local application of cocaine is all that is often required for wall injuries when the skin surface is not broken.

2d. Puerperal sepsis is less liable to develop, although this danger is reduced to a minimum under strict observance of asepsis and antisepsis. If the micro-organisms are present they will almost as readily invade the normally contused tissues as a laceration sinus.

The disadvantages are, ordinarily:

1st. The unfavorable condition of the patient at the end of a tedious labor, particularly when accouchment forcè has been applied.

2d. The absence of competent assistants, and many other necessities to scientifically repair any other than the moderate degree perineal lesions.

3d. Hemorrhage and oedema.

4th. Difficulty in coaptating the deeper tissues, especially the muscle fibers.

5th. The formation of vulvo-vaginal

haematoma, as the following case illustrates.

A primipara, aged 23 years, with the child occupying the left occipito posterior position, was delivered at 11 P. M., with second degree pelvic floor laceration, and one extending into the left lateral sulcus, the position occupied by the occiput in its descent, followed by immediate repair by the physician in attendance, with poor light, and rather profuse bleeding. Five hours after labor a tumor, about the size of a child's head, was found to be bulging from the left vulval orifice, with all the constitutional symptoms of internal hemorrhage. Sutures were removed, an incision made, large clots removed and the bleeding point discovered at the bottom of the deep laceration in the sulcus, which had been superficially closed, but the depth not appreciated, nor the bleeding vessel detected nor ligated in the enclosure, hemorrhage having taken place into the connective tissue.

The advantages and disadvantages of the delayed or intermediate operation are largely the reverse of the above, plus the decided advantage of better results obtained in the repair of cervical lesions at a later period, and the detection and repair of high wall injuries, frequently overlooked in the beginning. Better results are obtained in the latter class, because the tissues are less friable; the sutures hold better; the lesions are less tortuous; are more clearly defined; do not require denudation, simply have to be freshened with gauze or curet; accuracy of tension in applying sutures in the absence of primary swelling; the patient is recuperating from the ordeal of labor; the circulation is more perfect than soon after the removal of intra-abdominal pressure and union is more satisfactory.

The cervix at the end of labor is distorted, irregular in outline, the smaller portion between the tears thin and retracted, the larger thicker and bulging, and accurate coaptation is exceedingly difficult or impossible. Careful study of this lesion on successive days of the puerperal period shows gradual improvement from day to day, until the fifth or eighth day, when it has assumed a more regular outline, and the tear becomes a clean cut injury in appearance, with no difficulty in accurate coaptation.

Trachelorrhaphy as late as the tenth day, with no denudation except the curet, will be followed by perfect union. After the tenth day the granulation process is established, the cervix becomes irregular again and the patient is soon a gynecological subject, if the lesion has been at all extensive.

As to both *when* and *how*, the obstetrician must exercise his ingenuity. Dr. Hirst is responsible for the statement that "the specialist in obstetrics must be an expert in the surgical treatment of diseases of wom-

en." This is true, but the family physician is usually the obstetrician and is responsible, therefore, for the results.

My conclusion and custom as to *when*, is summed up as follows:

Immediate repair when positively convinced from the primary examination that the lesion involves the perineum alone, or the tissues in immediate juxtaposition thereto, excepting the complete variety, i. e., through the anal sphincter; also

When deep vaginal or cervical lacerations demand immediate repair to control hemorrhage, otherwise the cavities are packed with gauze and operation deferred. The second day rather than a later period is selected, when the patient's condition will warrant it.

(a) When the anal sphincter has been torn, or

(b) When fistulae are complications, at which time *all* lesions are repaired from above downward. The condition of the patient will rarely permit these operations at the end of labor, nor is the physician prepared for them. While this is not the best time for cervical repair, it is better than at the end of labor, also better than to subject a patient to the second operation during the puerperium.

For all other varieties, including the cervical, high vaginal or vestibule, the intermediate period (preferably from the fifth to the eighth day) is selected. The cervical tear from the fifth to the eighth and even to the tenth day, as previously stated, becomes regular in outline and resembles a clean-cut laceration. Coaptation is then readily accomplished, no denudation is required, repair is easily made and perfect union invariably follows. High wall injuries are likewise easily repaired after the bleeding has subsided and the tissues have retracted to the normal state; union then takes place almost without an exception.

About seventy-five per cent. of all lacerations can and should be repaired immediately, while with twenty-five per cent. at least, better results can be obtained by deferring the operation until a later period.

The technic in primary repair consists of the removal of all blood clots with a vaginal douche of hot sterile water; gauze or cotton sponge placed in the vagina with the patient in the dorsal position, the best light obtainable and the internal laceration or lacerations closed first. No external laceration can exist without a corresponding or even more extensive internal lesion. One, two or three interrupted sutures through



the skin surface alone, as is frequently done, leaves a pocket within, which prevents perfect union, resulting in a relaxed vaginal wall and, if at all extensive, will subsequently allow one or more of the sequelae, particularly rectocele, to develop. Interrupted chromicized catgut sutures in the interior and then the firm suturing of the exterior will materially modify the latter part of the operation, besides it will insure perfect union and a firm pelvic floor. Likewise with apparently trifling lateral or anterior lacerations which can be closed with continuous or interrupted sutures, and prevent what so frequently follows, cystocele. In the class designated for the later periods, the field of operation is clear and approximation can be effected with ease after freshening the gap with gauze or curet and removing any necrotic tissue.

A very satisfactory method of closing superficial vaginal wall or vestibule lacerations is with the continuous suture, commencing at the lower angle, continuing to the upper in half inch spaces, and returning with the same suture between the above spaces, making but one knot at the lower angle. These sutures are always inserted a little deeper than the depth of the sinus. This applies also to transverse tears. The sutures practically bury themselves in eight or ten days, excepting the knot, and if removal is desirable, they can be cut at the upper angle and the whole material withdrawn at once.

The contrast between the relaxed vagina following these unrepaired, apparently trifling shallow lacerations, undetected or otherwise, and the vagina where continuity has been restored, if only mucous membrane deep, must be apparent to every observer.

Interrupted sutures of chromicized catgut are used in the deep vaginal wall repairs and in the perineum, with special attention to the approximation of all torn muscle fibers, and sufficiently deep to control all bleeding. This applies particularly to injuries involving the levatores ani and sphincter muscles, burying the first layer of fine catgut, the second layer, also of interrupted sutures, closing the fascia and superficial tissues. Involvement of the anal sphincter and the complete sphincter lacerations require reinforcement on the skin surface with two or three silk worm gut sutures, to be inserted through the sphincter ends before closure of the wound with the superficial layer of catgut.

In obstetric trachelorrhaphy, and this is the operation that with very few exceptions

we insist should be performed during the intermediate period, when the process of involution is well established. The uterus is drawn down with tenacula, a strip of gauze placed in the cervical canal, and each laceration, which now resembles a clean cut incision, is closed with chromicized catgut or kangaroo tendon, the upper inserted first on a line with the upper angle of the tear and each suture one quarter of an inch apart, to include all tissues but the mucous membrane of the uterus. The sutures are removed at the end of fourteen days, if they have not sloughed away. I have observed that involution of the uterus progresses more satisfactorily after the eighth or tenth day trachelorrhaphy than after the operation at an earlier period, notwithstanding many opposite opinions.

Primarily the cervix does not participate in the process of contraction and retraction. The contracting ring can be distinctly felt at or above the internal os. Below it is passive, thin, flabby, relaxed and distorted. Slow and gradual readjustment of the cervix takes place, commensurate with the degree of involution of the uterine body, assuming more and more from day to day the regular contour, regardless of lacerations. This independent action is but temporary. Readjustment is complete in from three to five days, after which the uterus acts wholly in unison in the process of involution. This action of the uterus can be demonstrated in old as well as recent lacerations.

Three individuals in particular have demonstrated these points to my satisfaction within the past six months.

No. 1. Pregnant with old lacerations of four years standing. Trachelorrhaphy and perineorrhaphy were performed, by request, on the day following labor, the patient wishing to recover from the operation during her puererium. Union was perfect, but subinvolution followed.

No. 2. Old unilateral laceration of uterus existed, extending well up to the body. The laceration was such that hemorrhage was anticipated at term. On the contrary no further injury occurred, although labor was precipitate, having terminated in a half hour, minus the characteristic labor pains. Primary involution was marked; normal contraction and retraction; post-partum pains were also greater than the average, the uterus involuting perfectly until the tenth day, i. e. the uterus was of the normal size and occupied the normal positions for the successive days of the puer-



perium up to this period. Patient was referred from the maternity ward to the gynecological department, but declined operation for the time being, and a state of subinvolution followed; the uterus remaining about as it was on the tenth day.

No. 3. Deep bilateral cervical laceration of five years' standing. Primary involution perfect. Operation by request on the sixth day after labor, followed by good results and continuation of the process of involution until normal. I do not advise nor teach this method of procedure for old lacerations, but cite these individuals as proof of the independent action of the uterus primarily and the best period for cervical repair, emphasizing the importance of not interfering with the cervix until readjustment has taken place.

Certain prophylactic measures in obstetric technic deserve to be emphasized in this connection.

1st. The modifying effect on injuries by retarding too progressive or precipitate labors, and aiding relaxation in retarded labors with anesthesia, preferably chloroform, unless contra-indicated, administered to the obstetric degree.

2d. The advantage to be derived from posture, i. e. the best position of the mother for the existing position of the child to facilitate its birth with the least amount of injury, by favoring correlation of the appropriate diameters.

3d. Protection of the perineum during birth of the shoulders as well as the head.

4th. Expression of the placenta after the Credé method, to facilitate retraction and contraction of the uterine muscles, and to aid in guarding against post partum hemorrhage.

5th. The patient should lie in the lateral positions alternately with the dorsal, after the first 24 hours, with the uterus supported by binder with pads on either side of the bladder, coming together over the fundus, in order that the uterus may not become fixed in an abnormal position. The binder must be kept down in position otherwise it is worse than useless.

6th. The "knee-chest" position for five minutes after having been in the upright position, and likewise each night on retiring during the first month to reposit the uterus and aid in the retraction and contraction of the uterine ligaments. Involution is favored by releasing the tension and the future support of the organ is assured.

Inasmuch as pregnancy and labor are physiological processes, with careful obser-

vance of the minor and elementary, as well as the major details of obstetric technic, woman's general health after labor should be as good as before pregnancy. \*

3540 N. Broad Street.

## THE EXAMINATION OF THE EYES AND EARS OF SCHOOL CHILDREN BY SCHOOL TEACHERS.\*

By Linn Emerson, M. D., Orange, N. J.

There are in the United States over fifteen million school children, seven million of whom are suffering from some eye, ear, nose or throat defect, which if relieved will place them in much better condition to undergo life's struggles and to achieve a measurable degree of that success which produces self-respecting citizenship and relieves the state, county or town of burdensome pauperism.

A child whose educational progress is embarrassed or almost stopped by reason of physical defects will soon acquire a loathing for education, and all that education represents, and the seeds of idleness and irresponsibility, thus being sown, may, unless energetically and tactfully controlled, fructify and produce a personality ripe for sinister inoculation. If, therefore, the state can eliminate, control or mitigate the existence of such physical defects in children, and by its parental supervision place such children in a position of reasonable equality with their healthy companions, thus affording them fair opportunities for educational progress, its duties become unmistakably clear, and its investment of public funds for the consummation of such designs a laudable measure of unquestionable economics. If the direct causes of criminality and pauperism could be accurately ascertained, I will venture the opinion that the prevailing etiological factors would be physical defects and social surroundings. If, therefore, either of these can be materially mitigated, a distinct impression would be made, and the problem would become one to be worthily considered by the economist, philanthropist or sociologist.

The improving of either physical defects or social surroundings in adult life is a problem of almost hopeless perplexity, while if these foes of social prosperity be attacked in the budding periods of human exist-

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ence the difficulties are immeasurably mitigated.

Prevention is better than cure is an old adage, and in no case more truthfully exemplified than in the subject under consideration. The adage might be altered to read "prevention is possible a thousand times, while cure is possible but once."

I have come to speak to you upon those ocular and aural defects which deter or prevent the afflicted child from acquiring those educational advantages which properly equip him for the great battle of life, the struggle for existence.

Come with me to the clinic and see a poor child of, perhaps, some foreign extraction. Notice its attenuated form, its pinched countenance, its bloodless ill-nourished appearance, its unintelligent, unresponsive aspect, all indicating insufficient nutrition, before and after birth, and general lack of proper food, air, care and hygiene during the brief span of its miserable existence. Examine its eyes with your test types and ophthalmoscope, and you will perhaps find myopia or hypermetropia of enormous degree, or a congenital cataract. Place this child in a school where physical defects are unrecognized and watch the results. He is unable to see distinctly, and headaches, pain and general discomfiture follow all his efforts at study. He cannot even see the blackboards and charts; printed books are indistinct or seen with much effort, the faces of his teacher and comrades are blurred, he does not know what is wrong, but he finds it impossible to keep pace with his fellows and he acquires a hatred for school; his endeavor to acquire an education becomes abortive, he falls behind his class, becomes discouraged and truant and finally gives up the effort, joins the ranks of street gamins, develops criminal tendencies, is sent to the reformatory, that does not reform and may easily end his life in the penitentiary or on the gallows.

Pass from this defrauded child to another of similar miserable appearance, but with an unusually stupid countenance produced by enlarged tonsils or adenoids in the throat which prevent proper nasal breathing and cause him to keep his mouth open in order to breathe. Eventually he becomes deaf, either through obstructive and catarrhal influences or on account of chronic or middle ear suppuration which is an actual and constant menace to his life. His general open-mouthed unintelligent countenance coupled with his deafness lead him to be considered stupid, if not idiotic, an impression which is

daily strengthened by his poor educational progress by reason of his unfortunate physical infirmities. Eventually he likewise neglects his studies, hates his school, becomes a street habitué, idle and dissipated, and may easily terminate his existence amid crime and its consequences. These are no fancy pictures I have painted to point the moral of my theme. They are true, living, breathing facts that are familiar to every student of hygiene, criminology and sociology.

If education is worth anything in its broadened sense, it should reach down to the very dregs and bottom of the social scale and pull up the most unfortunate of the human race and place them on a par with their fellow-men.

I believe that public school officials should maintain a strict surveillance over the physical as well as the intellectual and moral welfare of those children committed to their charge. A large portion of a child's life is spent in school and teachers should and, I believe, do take a sincere and watchful interest in the bodily condition of their pupils. The necessity of such observation is the more accentuated because of a large proportion of such children come from homes of ignorance, filth and vice, where mothers and fathers apparently care but little for their offspring and evidently desire to shirk all possible moral responsibility.

The examination of school children's eyes by regularly appointed ophthalmologists is no novelty. It has been done many times, notably by Cohn, of Germany, and Risley, of Philadelphia. The plan of ocular inspection by ophthalmologists however, while ideal in theory, possesses the disadvantages of the great and unnecessary expenditure of public funds and the inevitable production of much professional friction. Concerning the first objection it must be apparent that competent medical men could hardly devote such large amounts of time to annual investigations of this nature, which would practically consume the time of several men in large cities, without at least some compensation, which would necessarily add materially to the school tax budget. Certainly incompetent men would be undesirable. Relating to the second objection, bearing on the production of professional disturbance and friction, should one or several ophthalmologists be selected to personally examine all public school children in a given city, it can only be said that such conditions would be but natural and humane. The power thus placed in the hands of one man or sev-

eral men would be enormous, and the opportunities for personal aggrandizement and gain professionally and financially so great that but few men could successfully withstand the temptation.

The plan of the *annual systematic* examination of the eyes of school children by school teachers was first recommended in 1895 by Dr. Allport, of Chicago. He has labored unceasingly on the subject and through his efforts the following resolution was passed at the 1904 meeting of the American Medical Association:

"*Resolved*, That it is the sense of the American Medical Association that measures be taken by boards of health, boards of education and school authorities, and when possible legislation be secured looking to the examination of the eyes and ears of all school children that disease in its incipency may be discovered and corrected."

This resolution has since been endorsed by most of the various state medical societies.

The occasional superficial and unsystematic observation of pupil's eyes and ears can not be safely substituted for thorough stereotyped tests that have been thoughtfully and intelligently formed for the detection of disease, and yet many ignorant but well meaning teachers feel that comprehensive annual tests are entirely unnecessary, forgetting the fact that while conspicuous departures from health may be evident to a casual observer many serious conditions are only detected by minute and careful examinations.

Besides this, unless the tests are distinctly expected from each teacher, many children will escape thoughtful observation even of the most limited character, for while most teachers take a deep interest in their scholars and conscientiously endeavor to promote their interests in every way, intellectually, morally and physically, still teachers are frequently seen who regard their profession lightly and endeavor to get through each day's work with as little personal effort as possible. Under such circumstances, it is certainly too much to expect that much time will be given to the investigation of the physical condition of the pupils, and the child is therefore nearly as much neglected or subjected to nearly the same degree of lack of intelligent supervision as can be found in many of the squalid homes of public school children. The tests, therefore, should be uniform and systematic and should annually include all pupils above the first grade, as it has been found impossible to

satisfactorily examine quite young children. Some teachers have the impression that a child needs but one examination, but inasmuch as eye, ear, nose or throat diseases may develop from year to year in previously perfectly healthy children, it is essential that each annual test shall include all children above the first grade.

By making the tests shortly after the opening of the fall term the physical condition of the pupil is early ascertained and steps can be taken toward the correction of any existing abnormalities.

Should parents be warned of the presence of physical defects in their children and fail to act upon such warning, the teacher will have ample opportunity to counsel the child and parent concerning the necessity of a medical consultation which would hardly be possible if the tests are postponed till the close of school in the spring of the year. Besides this the fall tests will have the advantage of enabling the teacher to co-operate with the physician in the execution of his advice and to observe the results of treatment in the afflicted children.

Some objections have been raised to the examinations being made by school teachers. Some feeling that the parents would object, others that teachers are incompetent, and still others that it is an unjust tax upon the time and energy of the teacher. Concerning the first of these objections its triviality is almost sufficient for its dismissal and it need only be said that the tests are absolutely harmless and painless, that no instruments or appliances are used, that the child is practically not even touched during the examination. Should any child or parent object, however, acquiescence to their wishes should be observed, as compulsion is undesirable and clashing with parental authority should always be avoided, if possible.

Concerning the incompetence of the teachers, I have only to say that any one who is competent to teach can make the tests with perfect ease.

The ascertaining of simple facts of this nature does not require a medical education and can easily be compassed by any one of ordinary intelligence and tact and, strange as it may appear, correct replies to the ten questions specified in the examination instructions will disclose the existence of at least ninety per cent. of serious eye, ear, nose or throat diseases.

It will therefore be seen that notwithstanding the extreme simplicity of the questions they are most comprehensive in their



character and are capable of detecting a vast majority of these diseases, and while the teacher can not and should not attempt to make a diagnosis of the pupil's malady she will at least know that *something* is wrong, and this is quite sufficient—the physician consulted will do the rest. In case some abnormal condition is disclosed by the tests the teacher sends the parents a card of warning, stating that some disease is believed to exist, which is not only unfortunate for the child but will retard the progress of its education, and advising the parent to consult some reputable physician, either at the office or free dispensary.

It will thus be seen that there is absolutely no reason why an intelligent teacher should feel at all incompetent to make these tests and it is earnestly hoped that all such objections will be relegated to obscurity.

Concerning the tests, on the ground of their being an unjust tax upon the time and energy of the teachers, I have only to say that if the tests are made according to instruction this objection is quite as valueless as the others to which reference has just been made. It is advised that each teacher examine the pupils in her or his room and as there are rarely more than fifty children in a room, the extra work imposed is quite inconsiderable and can be easily performed by either keeping a few children after school each day for a week or having a regular half day set aside each fall by the school superintendent to be devoted to the tests.

From three to five minutes to a pupil is all the time that is required and by thus systematizing and subdividing the work among the teachers, all the pupils in a city can be examined in the time specified.

I further believe that instead of the tests imposing extra work upon the already over-worked teachers, that in the end their labor will be materially lightened. For many defective children, who from apparent stupidity induced by unrecognized eye, or ear defects, obstructing the way to educational acquirements are the despair and dread of their teachers, and who spend hours of time in nerve exhausting labor in the hopeless endeavor to maintain their grades, may be suddenly transformed by glasses or other eye or ear treatment from the thickest density into intellectual brightness; thus relieving the teacher of at least one burden that sends her home at night in a condition of physical and nervous exhaustion. I am confident that if the eye, ear, nose and throat defects in any room in a school could be

eliminated, the work of the teacher would be enormously lightened, and if this is true, they should be willing from purely selfish motives alone, to say nothing of the benefits to be acquired by the pupils, to cheerfully and gladly see that these tests are annually executed.

Undoubtedly many parents through ignorance, impecuniosity, pride, neglect, etc., fail to seek medical advice for their children after cards of warning from the school authorities have been received, but on the other hand a large majority of the parents so warned unquestionably do as they are advised and profit thereby.

It has also been observed that most of the parents who primarily ignore the warning, from seeing the beneficial results upon their neighbors' children, or from the awakening of latent parental responsibility, or from some other cause eventually seek medical advice and become stout advocates of the plan. In any event if only a small minority of defective children are benefited by the tests they are certainly worth while, and the tests should not be abandoned because all parents are not ready to receive them.

It is unfortunate that the opinion prevails to a large extent that glasses are a panacea for all eye evils.

The various refracting opticians who advertise so extensively, do incalculable harm, and I see hundreds of cases every year who have been given improper glasses, or, what is still worse, given glasses when no glasses are needed. Many of the glasses supplied by these men are "window panes," and I regret to say many of the victims are poor people who can ill afford to lose the money which they spend for useless glasses.

### Directions to Teachers.

#### Eye and Ear Test.

1. Do not expose the card except when in use, as familiarity with it leads children to learn the letters "by heart."
2. First grade children need not be examined.
3. The examination should be made privately and singly in a room apart from the general school session.
4. Ascertain if the pupil habitually suffers from inflamed lids or eyes.
5. Children wearing glasses should be examined with such glasses properly adjusted on the face.
6. Place the card of test types on the wall in a good light; do not allow the face of the card to be covered by a glass.
7. The line marked XX (20) should be seen at twenty feet, therefore place the pupil twenty feet from the card.
8. Each eye should be examined separately.
9. Hold a card over one eye while the other is being examined. Do not press on the covered

eye, as the pressure might induce an incorrect examination.

10. Have the pupil begin at the top of the card and read down as far as he can, first with one eye and then with the other.

#### Facts to be Ascertained.

1. Does the pupil habitually suffer from inflamed lids or eyes?

2. Does the pupil fail to read a majority of the letters in the number XX (20) line of the test types with either eye?

3. Do the eyes and head habitually grow weary and painful after study?

4. Is the pupil probably "cross-eyed?"

5. Does the pupil complain of ear-ache in either ear?

6. Does matter (pus) or a foul odor proceed from either ear?

7. Does the pupil fail to hear an ordinary voice (with either ear) at twenty feet in a quiet room?

8. Does the pupil fail to hear the tick of a good-sized watch at three feet with either ear, in a quiet room?

9. Does the pupil fail to breathe properly through either nostril?

10. Is the pupil an habitual "mouth breather?"

Credit is here given to Dr. Allport for much material taken from his many papers and incorporated in this lecture.

**Where is the freedom of the press?** Practically every newspaper in this country has been bought by the alcoholic nostrum manufacturers and has signed advertising contracts with them which contain the following clauses:

1st. It is agreed in case any law or laws are enacted, either State or National, harmful to the interests of the (Nostrum Manufacturing Co.), that this contract may be cancelled by them from date of such enactment, and the insertions paid for pro rata with the contract price.

2d. It is agreed that the (Nostrum Manufacturing Co.) may cancel this contract pro rata in case advertisements are published in this paper in which their products are offered, with a view to substitution or other harmful motive; also, in case any matter otherwise detrimental to the (Nostrum Manufacturing Co's) interests is permitted to appear in the reading columns or elsewhere in this paper.—*California State Journal of Medicine*.

**Indecent Advertiser Fined.**—As a result of the prosecution of the medical firms who insert indecent advertisements in the St. Louis press, which is contrary to a city ordinance, one of these practitioners has been fined \$50 and costs in the city court. This crusade was undertaken by the city attorney as a result of resolutions introduced and passed by the St. Louis Medical Society. The next order of business along this line will be the prosecution of the newspapers who insert the advertisements, as they are equally guilty under the ordinances referred to. It is worthy of note in this connection to observe that not a line referring to the above conviction was seen in the daily press, although such a conviction should naturally be regarded as a news item by the papers. Is this another indication of the "criminal alliance between the newspapers and the outlaw practitioners"?—*Journ. A. M. A.*

#### Extracts from the Address of the President of the New York County Medical Society, Dr. Floyd M. Crandall, delivered November 27, 1905.

The most strenuous work of recent years has consisted of opposition to the demands of various systems of pseudomedicine. These systems are nothing more or less than levers and sledge hammers seized upon as the most effective means to break through the medical laws. And here we come upon a subject upon which there is much misapprehension. The medical laws are but a part of the general educational laws of the State. These laws are wide in their application, and cover many professions and diverse conditions. There is nothing exceptional in the laws covering medical practice. They are at the farthest possible remove from class legislation. They are simply a part of the great educational system of the State. The medical profession has upheld the hands of the State educational authorities, whose aim has been to enact a broad and consistent system of just and equitable laws. A State educational system has, therefore, been built up, of which the laws controlling medical practice are an integral part.

The position of the medical profession is often misunderstood, and their arguments have frequently been misjudged. The opposition of physicians to attempts to destroy the medical laws is often attributed to a spirit of trade unionism. This is controverted by the single fact that no attempt is made by the profession to curtail the practice of medicine by competent men. It is one of its fundamental principles that every man and woman exhibiting proper qualifications should be admitted to practice. Our opposition to pseudomedicine is, and should be, educational, not professional. We do not try to raise barriers against practitioners because they use a special system or adopt certain remedial measures. We do not oppose certain prevalent isms because of their methods of treatment, but because they are new and very clever manifestations of the old, old scheme to get within the medical fold without expending the time and money necessary to make a competent practitioner. The various systems of pseudomedicine are not pushed forward year after year with such determination because men so love this or that particular form of treatment, but because they offer the most promising means of evading the requirements of preliminary education, four expensive years in the medical college, a State examination, and then, perhaps, two years of unpaid service in a hospital. It is the educational question that is at the bottom of every one of these modern isms, and they are the more aggressive, as the educational barriers are raised higher. It is upon educational, not professional grounds that we oppose them.

The medical profession approves the system which requires the same general professional education for all its members. The specialist upon the eye and the specialist upon the throat, the physician and the surgeon, must each undergo the same training and must pass the same State examination. One may select any specialty he chooses and may adopt any method of treatment which his educated judgment dictates. He may use large doses or small, massage or electricity. What the State requires for one body of practitioners it should not abate in favor of another.



We have one sound reason for opposing these systems which permit an abbreviated education, and one argument that no man can gainsay. We may properly demand that every man and woman who enters upon the practice of the healing art, should have adequate education. Here we are on ground that cannot be misjudged or misrepresented. We ask no favors or special privileges. We are not the ones who are seeking to bring half educated practitioners in by the back door. We simply ask equal requirements for all. Our position is, that those who seek to treat disease should go in through the same door, and a few should not be permitted to crawl in through holes and underground passages. We simply ask for an American square deal and equal rights for all.

The number of attacks made every year upon the medical laws is astounding to those not familiar with the facts. As many as 379 bills having a more or less direct medical bearing have been introduced in a single session at Albany. High water mark was reached in the three years from 1899 to 1901, when 912 bills affecting medical interests were introduced. Since then the assaults have been concentrated upon fewer points, but have been just as determined. These attacks can be compared to nothing but a Japanese assault upon a stronghold. They are renewed every winter in spite of repeated failures. The defense, it is unnecessary to say, has been as determined and stubborn as the attack, and thus far has been successful. Were the bills of a single winter to be passed, the medical practice laws would be torn into tatters. We keep ourselves in this Society thoroughly informed regarding these bills as they are introduced. For years we have kept a paid agent at Albany, who has reported to our counsel every bill having the remotest medical bearing.—*N. Y. & Phila. Med. Journ.*

## Clinical Department.

Orange Memorial Hospital. Service of Dr.  
Wm. J. Chandler.

### Removal of Old Pus-Tube with Firm Adhesions—Rupture—Recovery Without Drainage.

Mrs. C. P., age 35, admitted November 29, 1905. Eight years ago she had an attack of frequent and painful micturition associated with a thick yellowish vaginal discharge (probably gonorrhoeal). Since this time she has never been well, but has had more or less abdominal pain, especially "low down in her stomach." She called it "dyspepsia." The attacks were frequently severe enough to compel her to give up work and go to bed. Menses regular. One week ago she was seized with severe cramping pains in the right iliac region. These pains soon extended over the whole abdomen and were accompanied by vomiting and moderate tenderness. Bowels constipated.

On admission, temperature, 98.6°; pulse, 104; Resp., 24. Whole abdomen tender, especially in the right iliac region. Slight leucorrhoeal discharge. Uterus tender and fixed. Mass felt to the right of uterus and extending up into the right iliac fossa. Diagnosis, salpingitis of long standing associated with an attack of recent appendicitis from which she is now recovering.

Under rest and a general expectant treatment

the patient improved for several days. But again pains occurred and persisted with such severity that on December 15th ether was administered and the abdomen opened by a median incision. A large pus tube firmly adherent to the ovary and to the adjacent intestines was found and removed. In separating the adhesions the sac was ruptured and the contents—thick flaky pus—in spite of the utmost care, were diffused more or less among the intestines and adjacent tissues. The appendix as usual had joined in the fray and it was found with its tip firmly adherent down in Douglas's *cul de sac*. It was removed. Owing to the extensive adhesions the peritoneum of the broad ligament and of the pelvic parietes was considerably torn. The edges were sutured and the abdominal wound tightly closed *without drainage*. Recovery was complete and uneventful.

The important features of this case are extensive old adhesions, considerable laceration of the peritoneum, exposure to infection by escaping pus and closure of the abdominal wound without drainage. The propriety of this last procedure is questioned by most surgeons. Its advantages are a more rapid recovery and a firmer union with less danger of post-operative hernia. Its dangers lie in the fact that the peritoneum is not always able to take care of the pus or other infective material left in the abdominal cavity and a serious sepsis follows. No one should adopt this plan unless he is able and willing to give his faithful and personal attention to the after-treatment, for, while many cases require no especial care beyond the administration of a saline purgative, others demand the speedy re-opening of the wound for the establishment of drainage and tax the skill and judgment of the most experienced to avert a fatal issue.

### Ovarian Tumor with Twisted Pedicle Simulating Appendicitis.

Mrs. Gertrude B., wid., age, 49, domestic, admitted December 2nd, 1905. Four years ago was taken with a severe pain in the right iliac region. Pain lasted about three hours. Has had several attacks since, each attack lasting longer than the preceding one. The present attack has continued for one week and seems to be passing off. She was sent in for operation for appendicitis. Pulse 90; Resp., 26; Temp. 100.8°. Considerable tumor and tenderness in the region of the appendix.

On the following day the temperature was normal and the general condition good. A vaginal examination revealed a firm fluctuating mass to the right of and above the uterus and intimately connected with it. For a few days the conditions improved. Then pain became much more severe, and on December 7th it was decided to operate. The incision was made as for appendicitis. Appendix was found to be adherent down in the pelvis. It was dissected out and removed. In order to examine the mass beside and back of the uterus the incision was extended downwards. It was then found to be a multilocular ovarian tumor (size of a small orange) with a twisted pedicle. The vessels in the pedicle were immensely dilated and very black, giving it a gangrenous appearance. The whole tumor was dissected out, tied off and removed. The largest cyst had very thick walls and contained dark bloody fluid. Wound closed as usual; recovery normal.



**Abscess of the Abdominal Wall.**

Catherine M., age 3, admitted November 7th, 1905. Seventeen days before admission the child fell from a low chair to the floor. Was apparently well until four days later, when she complained of pains all over her abdomen, especially low down in the right side. Vomiting and loose movements containing blood and mucus occurred on the fifth day. There was a slight fever. Later a physician was called. He watched the case for several days and, suspecting appendicitis, sent the child into the hospital.

On admission the pulse was 74, temp. 99.8, resp. 28. There was considerable pain with tenderness in the right iliac region. There was a decided tumor within the abdomen and some tumefaction of the abdominal wall. The patient was immediately prepared for operation and the incision made as for appendicitis. In the abdominal wall a number of blood clots and little foci of pus were encountered. There was very free hemorrhage. Every stroke of the knife seemed to open a fountain of blood. It was difficult to keep our landmarks. When the peritoneum was cut through it was found to be adherent to the intestines and omentum. Breaking through the adhesions of these organs the appendix was brought up. It presented such a healthy appearance that it was replaced. The bleeding having ceased, the wound in the abdominal wall was more carefully examined. A little pressure from above forced down a few drops of pus. A probe was inserted into a sinus in the abdominal wall and a number of blood clots and a teaspoonful of pus were curetted out. The abdominal cavity as well as the abscess in the wall were drained. These drains were removed in two and four days respectively. Complete recovery in three weeks.

Abscess of the abdominal wall is not infrequent and is often mistaken for an intra-abdominal growth. Skillful surgeons have diagnosed ovarian tumor and found only a large abscess in the abdominal wall. In this case there was an intra-abdominal tumor due to adhesive inflammation of the omentum, intestines and parietal peritoneum. This caused the inter-abdominal and the intra-abdominal lesions to appear as one mass and the former was overlooked in the presence of the latter.

These three cases show that the appendix is almost always concerned in any disturbance in the "right quadrant," and that, in all cases of doubtful diagnosis, exploratory incision is a proper procedure.

**Correspondence.****Shall We Have Sections at Our State Society Meetings.**

*To the Editor of the Journal of the Medical Society of New Jersey:*

SIR:—Will you permit me a word as to the advisability of having sectional meetings at the annual gathering of the State Society? It seems to me that much can be said for both sides of the proposition. On the one hand, many of the men who attend are general practitioners who prefer things as they are, and on the other hand, representatives from our larger cities, who specialize their work, would welcome a change. For purpose of discussion let us assume that there

should be two sections, one devoted to surgery and gynaecology, and the other to medicine and obstetrics. Other specialties, such as eye, ear, throat, hygiene, skin, &c., would not expect sections. Men devoted to these lines of work find sufficient stimulus in attending special meetings in New York or Philadelphia.

The object of any change would be to induce a larger attendance and increased scientific interest. The registration for the past five years has shown an average attendance of about two hundred. Perhaps a quarter of these register, but do not attend the scientific sections for over half an hour altogether. They come for the outing and a good time. A third more come to hear one or two papers in which they are interested and the rest of their time is spent in social chat. Rarely are there present more than fifty or sixty members when papers are being read. If these faithful few are to be cut in two and only twenty-five or thirty men can be counted on to attend the meetings, some of the stimulus and incentive for presenting good papers will be removed, for nobody wants to read to empty benches.

On the other hand, it may be argued that men would do better work when surrounded by those of kindred tastes and purposes, and when assured of a more sympathetic and interested audience. I would respectfully suggest, Mr. Editor, that we try the sectional plan in a tentative sort of a way. Have the society meet together as we always have done at all the meetings save one, and give up one morning, the morning of the second day, to two sectional meetings, such as we have outlined. That would show the officers in charge of the meetings whether such a change would be popular and profitable and would form a basis for future action.

Yours respectfully,

ELLIS W. HEDGES.

Plainfield, N. J., December 22, 1905.

*To the Editor of the Journal.*

MY DEAR DOCTOR:—

The Committee on Legislation wishes to call the attention of the several county societies to the fact that we have not as yet been notified who they have elected as members of the National Auxiliary Legislative Committee. I particularly requested that this matter be attended to at once, as Dr. Read, the chairman of the National Legislative Committee, urged me to have the work pushed along without delay. I will appreciate it if the names of the nominees of the several counties be forwarded to me immediately.

I am sending out to the secretaries of the county societies slips which I hope to have signed by all the members of the profession throughout the State, which, when collected together and put into a book will form one of our protests to be presented to the Committee of the Legislature when we have a hearing. I trust these slips will be signed as quickly as possible and returned to the secretaries so they may forward them to me to get them into proper shape.

I would like to urge the county societies to interview their members of the Legislature and notify the Committee on Legislation as to their standing for or against the Osteopathic measure.

Hoping that these suggestions may be attended to promptly, I am

Very truly yours,

L. M. HALSEY,

*Chairman Committee on Legislation.*

DECEMBER 29TH, 1905.

DEAR DOCTOR:—

I am just in receipt of a letter from Dr. C. A. L. Reed, chairman of the National Legislative Committee, enclosing a communication from Dr. C. S. Bacon, a member of the Sub-committee on Legislation, in regard to the best way to bring our influence to bear upon our representatives in Congress.

As you know, the American Medical Association, through this Committee on Legislation, and the National Legislative Council, and the National Auxiliaries, has attempted to influence the action of Congress on some measures during the last ten years; and especially in favor of two bills, viz.: The bill to Increase the Efficiency of the Medical Department of the Army, and the Pure Food and Drug bill. So far but little attention seems to have been paid to the recommendations of the medical profession.

The Army Medical bill, in spite of our efforts, and the efforts of the Secretary of War and President Roosevelt, was held up in the Committee till the end of the session, and then returned so mutilated that the Surgeon-General was obliged to oppose it in the form given to it by the Committee on Military Affairs. From reports from physicians who have been working with Congressman Hull, chairman of the committee, it seems that we shall encounter the same opposition this year as before, if the new committee is constituted like the old.

You are also aware of our failure to accomplish anything with the Pure Food and Drug bill. Fortunately Mr. Heyburn, the present chairman of the committee in Congress, seems much interested in the measure and we certainly should succeed with this measure if we possess any influence at all.

I hope you will have this matter brought up before your county society at the next meeting, and have your legislative committee and, if necessary, members of your society interview or write your Congressman asking his support in the passage of these measures.

Would also suggest that the secretary and president of your society write to the Senators of this State, asking their hearty co-operation in this good work.

Kindly let me know at once what you have been able to accomplish and send me the name of the member of your society to represent you on the National Auxiliary Committee.

Dr. Reed feels very positive that if there is united action on the part of the profession, bringing all the pressure to bear that they can exert upon their Congressmen and Senators, these measures will be passed at the coming session of Congress.

I trust that we shall be able to report to him that New Jersey will be lined up on the proper side of these important questions.

Very truly yours,

L. M. HALSEY,

Chairman Committee on Legislation.

## Book Review.

### VITAL QUESTIONS.

By HENRY DWIGHT CHAPIN, M. D.

12mo. pp. ix-189. New York, Thomas Y. Crowell & Company, 1905. (\$1.00 net.)

This compact and attractive volume is just the size to go into one's coat pocket handily. Very probably the author had the idea in mind when he began this collection of essays that they would serve as a *vade mecum* to some of his professional confrères and might supply food for profitable thought during the inevitable waits which occur so often in daily practice, and which are not always profitably spent.

There are ten separate essays in the volume, of which five had already appeared in periodical literature. These, however, have been, so our author informs us, largely rewritten for the present work. The subjects treated cover an extended range from birth to immortality and from the survival of the unfit to religion. Dr. Chapin, already very favorably known to the medical world by an excellent work on feeding in infancy, modestly claims little for this book except that he aims to suggest to his medical brethren various themes in which their special training, their constant relations to life and death and their opportunities for the study of human nature may render them especially effective workers and thinkers.

He has done this remarkably well; without being pedantic he has been positive; he has been concise without being fragmentary; he has said enough to make the most careless reader think and not enough to weary one who is too busy to give much time to these questions.

One lays down the little volume with a feeling that he has spent a profitable evening over it and a strong inclination to write to the author and urge him to elaborate more fully some of his subjects.

The essay on education, for example, can scarcely fail to have that effect on any one who may be interested, so skillfully has the author whetted the appetite for more light upon this always fascinating subject; on which he has, without doubt, many more things to say than he has allowed himself space for in this essay.

We commend the book to every one of our readers as an especially timely contribution to the thought of the time, and as well calculated to lead any thinker to agree with the axiom laid down in the prefatory chapter. "The development of the individual and his relation to social questions constitute practically the whole conduct of life."

### The Newark Board of Health.

Following its old established custom of retiring, the district physicians who have served five years, the board last month received the resignations of four members of the staff and made new appointments to fill the vacancies as follows: Dr. Henry M. Povey, to succeed Dr. William H. Schopfer, in the First district; Dr. James H. Trainor, to succeed Dr. Henry W. Bolte, in the Third district; Dr. Edward F. Fitzpatrick, to succeed Dr. James A. Hoffman, in the Fifth district; Dr. I. E. Gluckman, to succeed Dr. S. W. Baldwin, in the Eighth district. The resignations and appointments will take effect January 15.

**Exile and Drugs In the Treatment of Tuberculosis.**—Jacobi says that it is his conviction that the treatment of tuberculosis requires light and air, food and rest, but that there are medicines that have favorable results, even under unfavorable circumstances and moreover that we cannot do without sanatoria, but that the best sanatorium treatment may be made more effective by medication.—*Amer. Medicine.*



# THE JOURNAL

OF THE

## Medical Society of New Jersey.

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**FEBRUARY, 1906.**


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*Each member of the State Society is entitled to receive a copy of the JOURNAL every month.*

*Any one failing to get the paper promptly will confer a favor upon the Publication Committee by notifying them of the fact.*

*All communications relating to the JOURNAL should be addressed to the Committee on Publication, 794 Broad street, Newark, N. J.*

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### THE MEDICAL SOCIETY OF THE STATE OF NEW YORK.

As we look back over the twenty odd years that have elapsed since the secession of the Medical Society of the State of New York from the American Medical Association and the organization of the New York State Medical Association, we are reminded that this period has been one of perhaps greater progress in the scientific development of the world than any similar period since the dawn of history.

It is no idle boast to say that medicine has felt the same powerful stimulation which has driven the outside world along at such a rapid pace. Not only have remarkable advances been made on the part of scientific medicine, but medical education, sanitation, and the enactment of good medical laws have proved that medicine, science and the governing powers of the world are at last coming to an understanding and are uniting for the good of mankind.

Never before has the public taken such an intelligent interest in medical matters as at present. The newspapers are printing the latest authentic news regarding medical discoveries—and strange to say—they take pains to insure, as far as practicable, that the news is really authentic. Anyone who will compare the extraordinarily garbled accounts of medical happenings, that used to appear in the daily prints, with the com-

paratively accurate and clear accounts of similar matters now furnished by the same agency, can not fail to note the improvement. Why is this? Chiefly, we think because the newspaper reading public knows more about medical matters than ever before and demands better and fuller information in regard to them.

The New York Academy of Medicine has begun giving popular medical lectures open to the public. Which is another evidence of the truth of our assertion that the people want to know more about medicine and want the information at first hand. The situation has also another and a valuable lesson that the profession must take to heart. We, ourselves, are under a more rigid and exacting scrutiny than ever before. A medical man in these days must show that he has the education and ability that he claims to have if he expects the people to trust him.

The great public never did have any patience with the disputes of the various schools, sects and "pathos" in medicine. If they are to listen with respect they want the profession to be a united body that can speak with a firm and decided voice upon all matters relating to the public health or to sanitary legislation.

Not only are the public more exacting in regard to the physician individually, they demand more from him collectively. They expect more than ever before from medical colleges, laboratories and societies. Stimulated and interested by the magnificent discoveries of comparatively recent years, like diphtheria antitoxin, and by the present crusade of education against tuberculosis, the public are watching us with the deepest interest and stand ready to praise or condemn us according to the results of our work.

The profession has placed itself in the van of the movement for better sanitation, for physical education, for the prevention of child labor, &c., &c., and we must answer at the bar of public opinion for our execution of the trust they repose in us.

In the great State of New York there is



at the present moment a magnificent opportunity for the advance and solidification of the profession, for the enactment of good medical laws and the enforcement of those now on the statute books, for the establishment of a proper medical inspection of schools, and for a thousand other good things simply because the two state societies have at last united and the profession of our sister state now stands in a position to make itself felt, not alone from its greatly increased numbers, but principally from the logic of its position.

The members of the "Association" have done a praiseworthy thing in sinking their identity and giving up their name for the sake of union and this act of generosity and broadmindedness has been met by the members of the State Society in an equally generous and altruistic spirit, in that they have relinquished the form of organization which has been the working basis of their society since its birth.

The long years of estrangement are over. Good sense, good fellowship and the good of the profession and, we may well add, of the entire commonwealth, have won a signal triumph.

All roads lead to Rome. The imperial city of the new world, destined soon to become the metropolis of the whole world, must inevitably also become, or we might say, has already become, the literary and scientific centre of America, just as it is the commercial centre. It is inevitable that it should be the medical centre also.

And now, what lies before the Medical Society of the State of New York? Those to whom great opportunities are given must incur corresponding responsibilities. This powerful, rich and united society cannot escape the latter if they would. Nor is there to our mind, any fear that they have the slightest intention of wishing to do so. They will maintain their position as the leading State Medical Society of the United States. As such they must set an example of firm organization, of good scientific progress, and of a united front against quackery and the nostrum evil.

The forces of the enemy were never stronger nor apparently more securely entrenched. The money invested in the manufacture of nostrums and proprietary remedies of all sorts in the United States probably approaches a half of a billion dollars.

Graft is corroding the very heart of the nation and has laid its baneful finger on the medical and religious press.

The pitiable voices of the neglected children of the tenements and slums are crying out for protection from the great white plague, for a chance to live their lives in surroundings uncontaminated by filth, immorality and contagion. Countless problems touching the etiology and treatment of disease, the providing of good air and wholesome water, the proper directions to give the populace in regard to their diet and mode of life, confront us. In short we have so far only touched the fringe of many of these questions and the great mass of humanity, weak, misguided and confiding as they are, have laid upon our profession the great responsibility of solving these questions of life and death, of health and disease, of happiness and misery.

The eyes of the entire country are fixed upon the Empire State. It is the field of great political and social movements, and it is, as we have already pointed out, in a position peculiarly trying and important as regards the progress of all the interests of the profession in America.

The society is about to celebrate the close of its first century of existence. What an auspicious moment to unite all the honest practitioners in the state! What a glorious future spreads out before the re-united society!

We extend our hearty congratulations and would remind our brethren that as Osler's master word to the individual physician is *work*, so the master word to the society is *organize*.

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The Attorney General's department prosecuted 235 cases in New Jersey in 1904 under the pure food laws, collecting \$7,462.48 in penalties. For violations of the State's rigid fish and game laws the penalties collected amounted to \$2,082.50.

## SHALL WE KILL OFF OUR INCUR- ABLES?

Professor Charles Eliot Norton seems to be of the opinion that we should; at least the daily papers have printed a communication alleged to have been written by him in response to an invitation from Miss Annie S. Hall, of Cincinnati, in which he advocates that hopelessly sick and suffering people shall be quietly killed off. Miss Hall has recently promulgated the remarkable doctrine that humanely disposed people, like herself, ought to go about after railroad accidents chloroforming those who may have been fatally injured for the sake of putting them out of their misery. The fact that no one but Miss Hall could tell at a glance which of the wounded have been fatally injured and which are in shock from fright or some other cause, would perhaps not prove an insurmountable obstacle to this plan. Because, after the custom had become firmly established, there would be no more objection to it than there is now in the Fiji Islands to the appointment of the funerals of such people as their relatives may select.

This excellent Fiji custom has been graphically described by some recent traveler, who, having accepted the invitation of a native to attend his mother's funeral, was startled at seeing the old person herself heading the funeral procession. It was explained to him, however, that the matron in whose honor the funeral had been given, would be properly executed at the cemetery and would not be buried alive. It was further explained that she had helped to make the arrangements for the funeral and was cheerful and resigned.

Since Osler's celebrated remark about chloroform for gentlemen over sixty a pleasant little song has been written entitled, "We are Chloroforming Grandpa," which shows, of course, the popular trend toward the Fijean custom we have described. There is this difference between it and what Professor Norton and Miss Hall propose to do, to-wit: The victims in the former class of cases are cognizant of what is going on and, if they have any objections, are too polite to

say so. Whereas, in the latter, they are not to be consulted but as soon as some competent person, like the professor or Miss Hall, decides that anyone is hopelessly diseased or injured, chloroform or some other suitable agent in sufficient quantities to produce an easy and painless death is to be promptly administered.

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## THE LOST ART OF PRESCRIPTION WRITING.

There is an account in the works of Sir John Lubbock of the evil estate into which a once capable and warlike tribe of ants fell after they had conquered and made slaves of another tribe. Requiring their captives to wait upon them in every conceivable way, they finally became so effeminate that they would not eat unless the food was pushed into their mouths.

Such has ever been the tendency of mankind from the days of ancient Rome to our own. No one has been able to persistently make himself do what he can get some one else to do for him. Who will weary his brain with thought and calculate if some one else will think and calculate in his place? Little by little one yields to the pleasant habit of getting rid of effort and responsibility until, like the lotus eaters, he loses all command of his faculties.

We have pretty nearly reached this stage in the dispensing of drugs. Dr. Corwin's paper, printed in this issue, points out many of the evils which our natural sloth has brought upon us while we delight to shield ourselves behind a variety of vague allusions to the rapacity of the retail druggist on the one hand, and his incapacity or carelessness on the other.

We have ourselves to thank that the nostrum manufacturer has his foot upon our necks. It is like the commonly accepted version of the course of justice; the president of a life insurance company or a United States Senator may steal his millions and go scot free, while a poor laboring man that steals a loaf for his starving children goes to jail. At the worst the small druggist only filches one or two patients at

a time; while the maker of all this ready-to-take stuff takes our patients in platoons and, by means of his proprietary association, gags the press, impoverishes us and makes drunkards and cocaine fiends of the people. We aid and abet him all we can by introducing his goods, thus practically vouching for them. While the unfortunate little dealer meets with contempt and execration for his counter prescribing, as indeed he ought. But we continue to prescribe the ready made medicine and thus do more and more to degrade our profession and to rivet upon ourselves the chains which these wily nostrum makers have forged for our especial decoration.

These ethical and unethical preparations shade into each other by imperceptible gradations while their manufacturers count upon the indisputable fact that the average doctor, like everyone else in this effeminate and superficial age, hates to think. He backs his conjecture with millions of money and he makes good. While we grumble at our lot and try to make a scape goat of the drug store man.

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### THE ASSAULTS UPON THE MEDICAL LAWS.

We print in another column some extracts from the excellent address of President Crandall, of the New York County Medical Society, which are of more than passing interest. The attempts of irregular practitioners to have special laws passed to suit their own particular phase of inadequate preparation to practice medicine are as perennial as the spring flowers.

It is a never failing human desire to get something for nothing. The agitators for this kind of legislation have nothing to lose if they fail. They are unquestionably animated by a strong desire to beat the "system." Or in other words to get ahead of somebody else and show how clever they, themselves, are. It may be necessary for dull prosaic regular doctors to study four full years and pass a rigid examination before they can qualify for the practice of medicine. But no such elaborate preparations

are needed for these medical phenomena. They, like the "seventh son of the seventh son," are "natural doctors." Any foolish legal enactments which may stand in their way are better off the statute books. Unfortunately the populace have a way of liking a quack. Things are not so different from what they were in Pliny's time as we sometimes wish they were.

He was wont to say that anyone might reasonably pass for a physician if he had sufficient impudence. From that day to this impudence has been the principal stock in trade of the quack.

Dr. Crandall tells us that some years in New York State nearly four hundred bills are introduced into the Legislature intended to a greater or less degree to subvert the existing medical laws. Things are not quite so bad in our State yet. But there is every prospect that they soon will be.

We must be up and doing. The letters from Dr. Halsey, the chairman of the committee on legislation, which we print in our correspondence column, show that the committee are actively at work. Can we do less than support them to the extent of our ability?

We solemnly adjure every county society in the State to assemble and take similar action to that taken by the Camden County Medical Society. This procedure, however, should only begin the work. Resolutions and speeches to each other will do no good unless they are followed up by personal appeals to every senator and every assemblyman—and the securing of a promise in every case possible to vote against any bill intended to lower the present standard required of every one who comes before our State Examining Board and receives a license to practise in this State.

Let each one of us also do every thing that he possibly can to induce our Congressmen to support the bills for the relief of the medical corps of the army, for the enactment of a pure food and pure drug law, and for the national incorporation of the American Medical Association. The time has gone by when it is nec-



essary to persuade each other that these measures should be made laws without delay. Our only course now is for each one to persuade his Congressman and Senator to support these bills, to get them out of committee and make them laws during the present session of Congress.

### THE PEOPLE WILL BE THE REAL SUFFERERS,

If our legislators listen to the seductive voice of the osteopaths and allow any law to be enacted which shall lower the present standard of medical license. It is really the duty of the legislator to safeguard the interest of his constituents. He has no right to assume to pass on a question of any one's fitness to practise medicine. After a great deal of deliberation, good medical laws have been adopted in this State and a medical examining board has been established of whose record all Jerseymen may be proud. Are we going to allow all this good work to go for naught?

The answer may be made that allowing the osteopaths to practise after two years' study will not affect the regular physicians. This, of course, is fallacious reasoning. If the standard is once lowered it may never be possible to restore it. At all events the temptation to go before the two-year board instead of the four-year, will probably be too strong for the ordinary medical student. In consequence of this the whole standard of medical practice in this State will suffer.

Whereas, as has often been pointed out, if any competent physician, who can pass the State Board, wishes to practise osteopathy either as a specialty or in conjunction with his regular work, there can be no objection, either ethical or legal, to his doing so. Only a person capable of passing the State Board should ever be allowed to practice in this State, no matter what he may call himself.

The people should not hold guiltless any public servant who weakly allows himself to be persuaded to throw down a beneficent barrier which former legislators have raised for their protection.

### "THE TASK OF THE WEEKLY MEDICAL JOURNAL."

Under this head our esteemed contemporary, *The Boston Medical and Surgical Journal*, laments that more and more is expected of it year after year. The specialist on the one hand and the general practitioner on the other, each seem to want to find in his weekly medical paper something suited to his taste. To us this frank statement of the wants of the profession "up Boston way" does not seem to disclose a revolutionary state of affairs. It is easy to believe that both specialists and men in general work might want to find something in the *Journal*, that they pay five dollars a year for, that would be interesting and instructive.

Admitting that the implied self-accusation is well founded, which we only do for the sake of the argument, and deprecating to the full the extremely large piece of humble pie which our contemporary proceeds to eat in public, what ought to be done to satisfy the rapacity of the readers of *The Boston Medical and Surgical Journal*? Is there no way in which they can be made to take a less Oliver Twist-like attitude? Can they not be led to see the unusual, the unprecedented, the really embarrassing position in which their unappeased appetite for medical knowledge places the proprietors of "The Old Corner Book Store?"

Perhaps, after all our over modest contemporary has overestimated, the wants of his readers. Surely it would be necessary to trephine any proper Massachusetts doctor before the idea could be introduced into his brain that "The Old Corner Book Store" or most any other old corner thing could be improved, provided that it had been born and bred in Massachusetts and had never been out of the State.

### EDITORIAL CHANGES.

Dr. Walter Lester Carr has relinquished the editorship of the *Archives of Pediatrics* and has been succeeded by Dr. L. E. La Fetra, formerly the associate editor. The

enviable record of this journal under Dr. Carr's able administration for the past five years will, we trust, be continued under his successor.

Dr. B. R. Schenck has been appointed by the Council of the Michigan State Medical Society secretary-editor in place of Dr. Andrew P. Biddle resigned. We wish the new editor every success in his important field of labor.

#### Notices From Scientific Committee.

*The Reporters of The County Societies are reminded that their duties begin on the first day of July following their election. The Committee on Scientific Work especially desires this year to have a full and complete report of all matters of medical interest occurring in each county in the state, and take this means of urging upon each reporter the necessity of beginning to write his report now if he has not already done so. The reports should especially deal with epidemic diseases; climatic and hygienic questions; the action of the local health authorities; the condition of the milk and water supplies; etc., etc. In short, taken together, they should give at a glance a good resumé of the health conditions of the State during the preceding year. Social conditions, the growth of the county societies, deaths and marriages of members, etc., should also form a part of each report.*

*Reporters who send in their reports one month before the meeting of the State Society thereby become entitled to sit as annual delegates in the meeting.*

*The Committee on Scientific Work desire good papers for the next annual meeting. Members intending to contribute will please send their titles to the committee as soon as possible. All papers should be type-written and must not take over fifteen minutes in reading. Address, Talbot R. Chambers, M. D., Commercial Trust Building, Jersey City.*

#### Obituary.

**Charles Nelson Miller, M. D.** died at his home in German Valley January 15th. He graduated at the Bellevue Hospital Medical College, New York city, in 1883. He was prominent in fraternal and benevolent organizations and in the Morris County Medical Society. A widow survives him.

**John Jabez Caldwell, M. D.** New York Medical College, New York City, 1859; assistant surgeon during the Civil War; some-time health officer of Brooklyn, and of Baltimore; member of many scientific societies, died at his home in Summit, N. J., December 18, aged 69.

**Peter Katzenbach**, proprietor of the Trenton House for sixty-five years and father of William H. Katzenbach, M. D., of New York city, died in Trenton, January 14, aged 86.

**Isaac Cooper, M. D.**, Hahnemann Medical College, Philadelphia, 1868, died from apoplexy at his home in Trenton, January 17. He was secretary and an ex-president of the N. J. State Homeopathic Medical Society and a prominent Free Mason.

**William Benjamin Kaiser, M. D.**, N. Y. Homeopathic Medical College and Hospital, 1897, died at his home in Hoboken, December 29, after a lingering illness, aged 31. He was physician to the Hoboken Dispensary and a member of the Society of the Alumni of the Metropolitan Hospital.

**H. Eugene Park, M. D.**, of Whitehouse Station, Hunterdon County, N. J., died on January 8, at the age of fifty-six years. He served for several terms as County Clerk, and at the time of his death was Fish and Game Warden.

#### State Society Notes.

##### Additions to Membership, Deaths, Removals, Etc.

*The secretaries of the county medical societies are requested to forward each month to the secretary of the Medical Society of New Jersey a list of new members, deaths, removals, etc. Cards for this purpose have been sent to each of the county secretaries. Additional cards can be obtained on application to Wm. J. Chandler, South Orange, N. J.*

##### PRIZE ESSAY.

This prize was instituted by the Medical Society of New Jersey at the annual meeting in 1905, and is open for competition to the members of the Component (County) Medical Societies.

The subject chosen is "The Symptoms, Etiology, Pathology and Treatment of Pneumonia."

The essays must be signed with an assumed name and have a motto, both of which shall be enclosed in a sealed envelope containing the author's name, residence and component society.

The essay shall contain not more than 4,000 words, and must be characterized by originality in investigation and thought, and by clearness and conciseness of expression, and be, in the judgment of the committee, of decided value to the members of this society, and to the profession generally. Failing in these respects, no award will be made.

The essays, which should be type-written, with the sealed envelope, must be placed in the hands of the committee on or before the first day of May, 1906.

The committee will select the first two essays in order of merit. To the first will be awarded the prize of one hundred dol-

lars, to the second that of honorary mention.

The unsuccessful authors will receive back their essays upon their identification to the chairman of the committee. The successful essay will be the property of the society and be published in its transactions.

CHARLES J. KIPP, Newark, *Chairman*.

WALTER B. JOHNSON, Paterson.

DAVID C. ENGLISH, New Brunswick.

*Committee.*

## Hospital Notes.

A new face was made last month at McKinley Hospital, Trenton, for Michael Muda, a charity patient, who had lost part of his chin and throat from a cancer.

The annual charity ball for the benefit of Mercer Hospital, Trenton, last month was a most successful event.

By the will of the late Charles T. Yerkes a hospital will be founded in New York and endowed with from \$9,000,000 to \$15,000,000.

There is said to have been a misunderstanding in regard to the selection of the staff of The Hospital of the Immaculate Conception in Orange.

A young man having been set in a Belgian Sanatorium to translate an English work into German as a therapeutic means for the improvement of his mental condition sued the doctor for the cost of his services. He won his suit in the lower court but the decision was finally reversed on appeal.

*Jour. A. M. A.*

The grand jury has recommended that hereafter there shall be two distinct heads to the Essex County Hospital for the Insane, a medical superintendent and a business manager.

One hundred cubic centigrams of anti-tetanic serum are said to have cured a case of lockjaw in the Newark City Hospital.

**Robert McAndrew**, warden of the City Hospital, Jersey City, has resigned. The hospital is now being investigated by a committee of the Board of Health, and the evidence has shown lax discipline.

**Dr. George Parker**, for ten years visiting physician at the New Jersey State Home for Girls, at Trenton, has been displaced by Dr. Mary H. DeHart, of Jersey City, who has been made resident physician at the institution. The managers declare that a resident physician has become necessary at the institution, and that they deem it best to have a woman treat the girl inmates.—*Evening News*.

**A Gift to the New Jersey Orthopaedic Hospital and Dispensary**—It has been announced by the management of the New Jersey Orthopaedic Hospital and Dispensary in Orange that the wife of the State Senator-elect from Essex county had sent to them as a Christmas gift to the institution her check for \$5,000, to be applied as the management of the institution sees fit.

## MUHLENBERG HOSPITAL NOTES.

The harvest home festival held at the hospital just before Thanksgiving was most successful. Several rooms were filled with groceries, fruit and provisions, contributed by a generous public.

An elevator, running from the basement to the second story, has been installed in the administration building. This connects the private room pavilion with the main corridors on the first floor, and will prove a great convenience.

A carnival has been planned for the benefit of the hospital, to be held next spring under the direction of the Board of Governors, with Mr. Charles J. Fisk as chairman of the committee of arrangements. Last year over five thousand dollars was cleared for the hospital by a similar entertainment.

## DR. WIGHT'S REPORT.

The keynote of the first annual report of Rev. Dr. George B. Wight, State commissioner of charities and corrections, is the need of giving more attention to and taking better care of those unfortunate children who have been placed in the State's custody as dependents or incorrigibles. Asylums, he urges, must be built for the insane and closer scrutiny must be exercised to prevent the commitment of persons who are not thus afflicted, but who through old age or infirmity have become a burden to their families. Prison cells must be built for those criminals who cannot be trusted with freedom. County asylums, under State supervision, are warmly advocated as necessary and economical, and isolation hospitals are recommended for those having contagious diseases, but the children are Dr. Wight's especial wards.

He deplores the number of children between the ages of eight and twelve in the State homes for boys and girls and believes that in some cases the committing magistrates have been imposed upon by parents only too anxious to be rid of their offspring. The latter have been adjudged incorrigible, but Dr. Wight clearly intimates that if many other children, and even grown-up people, had been "cuffed and kicked about as these children have been," the effect would not be improving, and "it is unfair that they should be punished for the neglect and cruelty, not to say crime, of their parents." Surrounded with proper influences in homes, however humble, these children would, he insists, manifest much less juvenile incorrigibility. Certainly in this argument the sympathetic man, the conscientious minister and the observant official unite to suggest better treatment of the State's dependent children.

In recommending a remedy for the present condition of affairs, Dr. Wight deals a severe blow at a very common opinion. Most people imagine that when the State takes a child away from drunken or criminal parents, puts it in a reformatory or a State home, feeds, clothes and educates it, teaches it some useful trade and instills such moral and religious principles as may be taught in an institution, it fully takes the place of a home and home influences. Dr. Wight flatly denies all this. The State homes, he says, are excellent institutions, "but institutional life cannot take the place of home life," and, in his judgment, the younger children should be placed in suitable homes as soon as practicable after they are re-



ceived, even if the State paid for their maintenance in private families.

This part of Dr. Wight's report coincides with the utterances of the very best and most experienced students of charities and corrections. Recall the addresses recently delivered in the Free Public Library of this city. Dr. Reeder, superintendent of the New York Orphan Asylum, declared that "A good institution is a poor substitute for a good home." Rev. Thomas Moran, director of the Catholic Protectory at Arlington, said: "I'm against institutions, but they are a necessity and we must have them for the sake of the children who have no homes." Hugh F. Fox, president of the State Board of Children's Guardians, an institution commended by Dr. Wight, said that much of the board's work was the investigation of families, and it was often found that the child's parents or guardians were perfectly able to provide for it.

The cottage system, under proper supervision, gives excellent results, but Dr. Wight's plea that children be placed where they will come under good family influences is founded on fundamental social principles. The insane can only be cared for humanely; the irreclaimable convict is fit only for the narrow confines of four walls, but the neglected children, excepting the few that are real degenerates or incorrigibles can be brought under influences that will develop them into good, moral, useful, enterprising citizens and Dr. Wight is right in putting these facts in the strongest light possible.—*Newark Evening News*.

**Marihuana** is the name of a new narcotic drug found in Mexico. When smoked it is said to be at first peculiarly soothing and agreeable. These sensations are followed later by intense maniacal excitement. The sale of the drug has been prohibited in Mexico by the Superior Board of Health.

#### EDUCATION OF THE UNFIT.

It is of course rank heresy to say anything in disparagement of the system of education—we might say our education—which prevails in this day and country. We are told that the public schools lie at the foundation of America's greatness, and in every municipal election in New York the stock reproach of the outs against the ins is that the latter have failed to provide school accommodations for the children of the poor. But it may be doubted whether our common school educational system is not, carried to its present extreme, productive of as much harm as good. We do not question the value of the three R's, but how far beyond these the average child should be carried in his studies is a matter of grave consideration.

In his recently published book of psychiatry, Stewart Paton dwells upon the irrationality of our present system, and holds that there are numbers of children "severely injured mentally and morally by a schooling ill adapted to their individual needs and necessities." "Everyone admits," he says, "that it is the duty of the physician to warn those with weak hearts or lungs not to overtax those organs. Is it not equally important that the mental welfare of a community be safeguarded? Only some men are born to be educated; how many more, unfortunately, have thrust upon them an education which is disastrous not only to themselves, but also to the community at large!"—*Medical Record*.

## Notes from the County Societies.

### ATLANTIC COUNTY.

At the annual meeting of the Atlantic County Medical Society the following officers were elected for the ensuing year: President, E. C. Chew, M. D.; vice-president, E. H. Harvey, M. D.; secretary-treasurer, Edward Guion, M. D.; reporter, A. B. Shimer, M. D.; nominee for permanent delegate, Emery Marvel, M. D., all of Atlantic City; member Board of Censors for three years, C. M. Fish, M. D., Pleasantville; annual delegates to the medical society of New Jersey, D. A. Berner, M. D. and George Scott, M. D., of Atlantic City.

At the annual meeting of the Atlantic City Medical Society, held January 12, 1906, the following resolutions were passed:

*Resolved*, First, That the Atlantic County Medical Society heartily endorses the action of the American Medical Association of February, 1905, through its Board of Trustees, in the establishment of a Council of Pharmacy, whose examination and recommendation, relative to the use of uncertified medical compounds, shall be the standard and decision of this Society.

*Resolved*, Second, That we approve the action of the *Journal of the A. M. A.* in excluding from its pages the advertisements of nostrums and other medical agents of secret or concealed composition, and that its crusade against the nostrum and secret remedy traffic should be endorsed and encouraged.

*Resolved*, Third, That this Society hereby expresses its appreciation and endorsement of the lay journals which have so greatly aided in the expose of the composition and dangers of the "nostrum" traffic.

*Resolved*, Fourth, That this Society recommends a conjoined protest against the action of the United States patent office, in extending the protection of copyright to secret medicines of uncertified composition, and against the action of the Postoffice Department in permitting their transmission through the mails.

*Resolved*, Fifth, That the Society strongly commends the forward action and support of the *Ladies' Home Journal*, *Collier's Weekly*, *Farm Journal* and the *Mariners' Telegram* in the educational campaign against the nostrum and secret remedy traffic, and especially the former two for their disinterested exposure of the invidious and pernicious methods used in advertising these deleterious compounds.

*Resolved*, Sixth, That a copy of these resolutions be forwarded to the *Journal of the American Medical Association*, the *JOURNAL OF THE MEDICAL SOCIETY OF NEW JERSEY*, and to each of the secular magazines herewith mentioned.

During the year 1905 the Atlantic City Academy of Medicine held eight regular meetings and two special meetings.

Two new members have been added to the roll call and two honorary members, Dr. Howard A. Kelley, of Baltimore, and Dr. W. Gilman Thompson, of New York city, have been elected.

The list of active members of the academy now numbers thirty-two and of the honorary members twenty-nine.

The following gentlemen have been entertained by the Academy: Dr. Wharton Sinkler, Philadelphia; Dr. A. H. Goelet, New York city; Dr. Charles P. Noble, Philadelphia; Prof. Pontopidon, Denmark; Dr. W. Gilman Thompson, New York city; Dr. John B. Roberts, Philadelphia; Dr. J. M. Anders, Philadelphia; Dr. Lewis S. McMurtry, Louisville, Ky.; Dr. Napoleon Boston, Philadelphia, and Dr. W. P. Northrup, New York city.

At the regular annual meeting, held January 12th, the following officers were elected: President, W. Edgar Darnall, M. D.; vice-president, David H. Berner, M. D.; secretary, Walt Ponder Conaway, M. D.; treasurer, J. A. Joy, M. D.; members of the Board of Governors, Edward Guion, M. D., and Emery Marvel, M. D.

#### The following resolutions were adopted.

WHEREAS, The Board of Health of Atlantic City at its regular meeting January 11, 1906, under political pressure, abolished the position of Health Officer, and decided to return to the old system of inspection by non-medical men, be it

*Resolved*, That in the abolition of this office the Board of Health is taking a step backward and will reduce its efficiency in protecting the health of citizens and visitors.

*Resolved*, That the Board of Health be requested to reconsider its present action and appoint some fully qualified medical health officer, who will do his duty irrespective of political or other influence.

*Resolved*, That the Atlantic City Academy of Medicine condemns the action of the Board of Health in making the Board of Health a political body.

*Resolved*, That a copy of these resolutions be mailed to the Secretary of the Board of Health of Atlantic City, N. J., and to the Secretary of the New Jersey State Board of Health; also to the *Journal of the American Medical Association* and the JOURNAL OF THE MEDICAL SOCIETY OF NEW JERSEY.

#### BURLINGTON COUNTY.

The annual meeting of the Burlington County Medical Society was held at Cole's Hotel, Moorestown, N. J., Wednesday, January 10th. The following officers were elected: President, Dr. Joseph Stokes, Moorestown; Vice-President, Dr. J. E. Blair, Burlington; Treasurer, Dr. E. Hollingshead, Pemberton; Secretary, Dr. George T. Tracy, Beverly. Two new members were elected, Dr. M. W. Newcombe, Burlington, and Dr. Paul Traub, Bordentown.

Resolutions regarding Osteopathy, similar to those adopted by the Auxiliary Legislative Committee of the State Medical Society, were read and adopted. Dr. J. B. Wintersteen, Moorestown; Dr. J. Clifford Haines, Vincentown, and Dr. A. Marcy, Jr., Riverton, were appointed a committee to wait on the Assemblymen and Senator from our county and make known to them the feeling of the society regarding Osteopathy. Each member of the society was urged to do all the personal work possible.

The following resolution was also adopted and copies sent to the *Journal of the American Medical Association*, *Collier's Weekly* and *The Ladies' Home Journal*: "*Resolved*, That the Burlington County Medical Society is deeply interested in the present agitation against patent medicines and secret nostrums that has been so ably conducted by the *Journal of the American Medical*

*Association*, *Collier's Weekly*, and *The Ladies' Home Journal*. Therefore we earnestly endorse all the efforts of these publications in this worthy cause and offer our hearty co-operation in any legitimate way to accomplish legislative or other control."

After adjournment the members retired to the dining hall, where an excellent dinner was served.

G. T. TRACY, *Secretary*.

#### SALEM COUNTY.

The society met in the Schafer House, at 2 P. M., November 1st, 1905. There were present the president, C. H. Sherron; H. Chavanne, L. H. Hummell, J. F. Smith, W. H. Carpenter, B. A. Waddington and F. Bilderback, of Salem; C. E. DeGroff, of Woodstown; William H. James, of Pennsville; W. S. Ewen, of Alloway; W. T. Good, of Bridgeton; G. W. Fitch, of Daretown; F. B. Harris, of Canton. There were also present, and sitting as corresponding members, Drs. Charles P. Noble, of Philadelphia; George E. Reading, H. A. Wilson, of Woodbury; David Oliver, Ellsmore Stites and J. H. Morse, of Bridgeton.

Acting Assistant Surgeon U. S. Army F. H. Sparrenberger, of Fort Mott, read a paper entitled "A Slight Acquaintance with Asiatic Cholera in the Philippine Islands." A few of the important points brought out in this interesting communication were as follows: Cholera is always present in China and may be imported into the Philippines in cargoes of perishable stuff, regardless of quarantine. It was so introduced in 1902. In this epidemic 122,000 cases were reported with a mortality of 85,000. These figures represent probably but half the actual number. In a town of 10,000, for a space of two weeks, 30 to 50 died each day. In a population of 40,000 Chinese, but 300 succumbed. This was because they drank tea instead of plain water, ate their food while hot and smoked opium which lessens intestinal absorption. One per cent. of the whites in Manila were affected, with a mortality of 50 per cent. 350 American soldiers died of the disease.

Those who were addicted to drink succumbed first. The natives would not report the cases that occurred among them for fear of quarantine. In their fanatical ignorance they depend upon pageants, burning candles, praying and fetish worship to drive away the cholera demons.

The following instance will serve to illustrate the source of infection in certain cases: The soldiers were quarantined by confining them to a limited area. All their drinking water was boiled, all their clothing was washed in boiling water; all their food was served hot and under cover; their tents were fumigated from time to time to kill flies; they habitually slept under mosquito nets, etc., etc. There were two soldiers on special detail, whose duty took them out of the camp, although they had been cautioned not to eat native food, they went out and had a "big feed" of corn, fruit, etc. In a few hours they complained of stomach trouble. On the following morning one died of cholera. The other recovered, "by the grace of God", as the surgeon said, although not a praying man. Taken altogether, the epidemic has been a remarkably profitable experience.

Dr. Noble edified the assembly with a talk about tumors, fibroid and cystic in women. He compared the old teaching and treatment with those of the present day. The conservative surgery of



a few years ago with the present operative treatment of malignant growths. Now the mortality has been reduced from 35 per cent. to 5 per cent. Two thirds of women having fibroid tumors have secondary changes. Probably 11 per cent. have myxomata, while 6 per cent. have cancer. These figures were verified by reference to the statements of an eminent London authority.

Other good things were enjoyed by our small society.

HENRY CHAVANNE, M. D.,  
Sec'y. and Treas.

L. H. HUMMEL, M. D., Reporter.

## THE TUBERCULOSIS EXHIBIT IN NEWARK.

On the 10th of February the Tuberculosis Exhibit, which attracted so much attention in New York recently, will be opened in the Public Library in Newark. It will remain open two weeks and no pains will be spared to make it as attractive and as instructive as possible. Drs. Farrand, Huddleston, Allen, Knopf and Bailey have promised to make addresses. Three of these will be illustrated by lantern slides. It is also probable that Baron Takaki's address to the Essex County Medical Society will be given in connection with the exhibit. The full particulars will be made known later.

## Personal.

**Dr. John L. Suydam** is the new county physician of Middlesex county.

**Dr. James T. Hanan**, of Montclair, has been appointed a trustee of the Free Public Library.

**Dr. James S. Brown**, of Montclair, has been appointed town physician.

*Baron Kanchino Takaki, M. D., F. R. C. S., F. R. C. P., of Tokio, Surgeon-General (Reserve) of the Japanese Navy, is expected to address the Essex County Medical Society in the Free Public Library, Newark, at 8.30 P. M., on Wednesday, February 14, 1906.*

**Dr. J. Riddle Goffe**, of New York, delivered a lecture before the William Pierson Library Association on January 9th on "The Life and Character of Thomas Wakley," the founder of *The Lancet*, who was one of the medical heroes of history.

**Dr. David E. English** was elected president. Dr. William H. Van Gieson vice-president. Dr. J. Minor Maghee treasurer. Dr. Richard D. Freeman secretary, and Dr. Henry A. Pulsford reporter of the Orange Mountain Medical Society for the year 1906.

**Arthur B. Duel, M. D.**, of New York city, will deliver an address before the William Pierson Library Association on Tuesday, February 13th, at 8.15 P. M. Subject, "Treatment of Sup-

purative Otitis." The profession is cordially invited.

**Drs. George R. Kent and James T. Wrightson** have been appointed members of the Newark Board of Health.

**New Antitoxin Bill.**—The fight against the antitoxin trust which Dr. Frank C. Henry, of Perth Amboy, waged so earnestly but unsuccessfully during the last two years while he was an Assemblyman from Middlesex, will be continued by Senator Jackson of that county.

**Commissioner Dobbins** reported that the general committee on mosquito extermination had agreed to assist Dr. John B. Smith in his proposed effort to have the State take up the work of exterminating the mosquitoes, although, as the bill Dr. Smith has prepared provides for an appropriation of \$350,000, the task of securing favorable action upon it by the Legislature was recognized as a difficult one.

**Dr. Emma Richardson**, of 581 Stevens street, Camden, was badly bruised about the head and back recently by being thrown from her carriage.

**Contagious Diseases.**—There have been reported 18 cases of scarlet fever in Paulsboro and two of the schools have been closed. Two cases of diphtheria have also developed.—Dunellen is under quarantine on account of the prevalence of diphtheria.

**Dr. Floy McEwen** has gone to San Antonio to take the sulphur baths for his rheumatic troubles.

**Vital Statistics of the State.**—The annual report of the State Board of Health shows a continued increase of marriages per 1,000 inhabitants for six years, from 1898 to 1903. There was a slight falling off in the rate in 1904. The rate last year was 13.38 per 1,000. The death rate per 1,000 increased to 17.14.

**Camden Vital Statistics.**—The report of the Division of Vital Statistics of Camden for the year just ended shows that there were 1,652 births, 1,402 deaths and 2,338 marriages. This shows an increase of 469 marriages over those of last year. There was also an increase of more than 300 births and a decrease in the number of deaths of 130.

**Dr. William F. MacLennan** has been chosen city physician of Gloucester City.

**Dr. E. L. B. Godfrey**, Camden, secretary of the State Board of Medical Examiners, has been operated on for appendicitis in Pasadena, Cal. Dr. and Mrs. Godfrey left Camden about six weeks ago to spend the winter in California.

**New members of the American Medical Association from New Jersey:** Heron, A. M., Lakewood; Kudlich, W. T., Hoboken; Werst, N. B., Egg Harbor City.

The JOURNAL will be glad to print original papers from any source, preferably from members of the State Society, provided that they shall be of sufficient merit and shall be contributed to this paper exclusively.

Anonymous communications will not be published, but the name of the author of a communication will be kept secret if the editor is requested to do so.

The Medical Society of New Jersey does not hold itself responsible for the sentiments expressed by the authors of papers.

It will be satisfactory to all concerned if authors will have their contributions typewritten before submitting them for publication. The expense is small to the author—the satisfaction is great to the editor and printer. We cannot promise to return unused manuscript.

Authors may obtain reprints of their papers at cost, provided a request for them be written on the manuscript. Matter received after the 20th of any month cannot, as a rule, appear in the next issue of the JOURNAL.



# Journal of The Medical Society of New Jersey

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## INFANTILE ECZEMA.\*

By Henry J. F. Wallhauser, M. D.,  
Newark, N. J.

Eczema occurring in childhood, up to the age of five years, while it does not differ in a strict sense from eczema occurring later in life, yet has many etiological factors and clinical features which must receive special consideration in its management and treatment.

The primary cause of eczema has not been clearly defined. This is largely due to the many clinical conditions described under this head. As it would be impossible in the scope of this paper to separate all the varieties of this inflammation, let us rather define in a general way what the condition corresponds to, from a general clinical standpoint and then examine into the causes concerned in its development.

Eczema may be defined as an inflammation of the skin, catarrhal in its nature, which may be acute or subacute and tends to relapse, presenting clinically the polymorphous conditions, erythema, papules, vesicles and pustules, with a tendency to form patches resulting in infiltration; accompanied by serous exudation, with crusting or squamous exfoliation of the epidermis. This inflammation may be caused by local irritation in a subject whose power of resistance has been lessened either by disease or by errors in diet or hygiene. The causes of this condition are both numerous and dissimilar and while many play but a minor

part the better we learn to appreciate them the more successful we shall be in the treatment of the disease.

The character and extent of the inflammation will often aid us in determining the cause. That more than a local cause is required for such a condition, as intertriginous eczema occurring in regions where folds of the skin are in apposition, as the genitals, would seem to be disproven by the fact that it is only necessary to keep the parts dry and soothed by suitable local treatment to cause the disappearance of the lesion. When, however, the inflammation has developed to vesiculation and pustulation, tending to form crusted patches, to which may be added the history of exacerbations and remissions of intensity, we are dealing with a disease which has more than a local cause for its development. In order to aid these cases it will be necessary to study the individual constitution and inquire carefully into the diet and hygiene. We must, therefore, consider eczema due to both internal and external causes.

Under internal or constitutional causes are included all conditions tending to produce debility of tissue innervation. Experience has shown that it is not only the apparently anaemic, poorly nourished children that come under this head, but also those who seem to be robust or who are overweight. As a matter of fact the latter are more often affected, especially with the more active inflammations, than the former.

Unna divided eczema of childhood into three classes, as follows: The seborrhoeic, the nervous and the tuberculous, and endeavored to show that the tuberculous were benefited by tuberculin injections. This,

\*Read before the Practitioners' Club, of Newark, N. J., October 2, 1905.

however, has not been confirmed. Let us endeavor to follow Unna's idea, not with the object, however, of proving a positive etiological factor for the various varieties of eczema observed, but rather to study the recognizable clinical conditions which have been established as contributing to this inflammation.

In class one we will place the seborrhoeic type, beginning as a pityriasis; class two, those cases developing in tuberculous or strumous subjects; class three, those due to reflex irritation, as gastro-intestinal irritation and dentition; class four, those cases occurring in over-fed subjects; class five, cases occurring in children suffering from malnutrition. Thus we have five classes, as follows:

1. The seborrhoeic.
2. The tuberculous.
3. The nervous.
4. The obese.
5. The asthenic.

This classification will give us some definite plan to follow in the treatment of our cases, and while we cannot expect to have a fast and set rule to govern us, so long as any doubt remains as to the exact processes and forces involved in the production of this disease, this plan is possible of adoption from a clinical point of view, although slight variations will have to be made from time to time.

Class 1. The seborrhoeic type of Unna is practically accepted by most writers as a distinct form of disease due to local infection. A specific organism has been isolated by Unna, termed the morro-coccus, which Sabouraud claims belongs to the staphylococcus group. However this question may be decided, there are sufficient grounds for assuming a local cause for this form of the disease. Whether true eczema would develop without some added constitutional defect seems doubtful, as most cases of the seborrhoeic type never develop more than a scaly erythematous condition. Furthermore, it always responds to local treatment when constitutional defects are not evidently present. It may begin as a simple pityriasis of the scalp, appearing as dry grayish white patches, or the entire vertex may be covered with a thick, dry, scaly cover, through which the hairs protrude at an angle corresponding to their anatomical angle of exit from the follicles—the scales being apparently piled up between the hairs.

The fatty variety, known as seborrhoea sicca, in which the most prominent feature is the characteristic yellowish oily crusting,

like the dry form, begins on the scalp as more or less diffuse fatty masses and when it affects other locations, such as the cheeks, sternal region, back or extremities, it manifests itself as crusted, but more often as scaly, oval or rounded patches, quite sharply defined, with slightly red erythematous borders.

These conditions may develop typical eczema in certain locations, as the scalp and face, while on other parts the pityriasis stage remains unchanged, although in severe cases sero-pustular or the papular stage may develop on any part of the body.

Class 2. Or eczema occurring in children, coming under the head of the so-called scrofulous diathesis, may be classed by certain peculiarities. The skin of these children will usually be of a dull pale color, with a bluish cast, they are generally poorly nourished and may present evidences of inflammatory processes in the lymphatic glands. This condition is known clinically as scrofuloderma, consisting of nodular swellings and depressions with sinuses leading to the destructive processes in the glands. These children are especially liable to the infective forms of catarrh of the mucous membranes, the discharges from which are generally the primary factors in the production of the eczema.

In class 3, or nervous cases, we will find some evidences of gastro-intestinal irritation; in others a history of fresh exacerbations, following the advent of each tooth.

In class 4, or the obese type, we find children who are robust or overweight. The appearance of the child and the exclusion of gastro-intestinal irritation will be sufficient to classify these cases.

In class 5, or the asthenic type, we have eczema occurring in children suffering from malnutrition, having been improperly fed owing to a faulty condition of the mother's milk or to other improper articles of diet. To this class we may also add those cases which have developed eczema from neglect and starvation. They will usually present isolated pustular lesions from infection and in nearly all cases there will be an eczematous condition in locations especially subjected to local irritation, as about the genitals from wearing wet diapers, etc.

Thus we can group our cases according to recognizable constitutional conditions, and while we cannot establish distinct clinical types of inflammation, we can regard all cases from the standpoint of one or more of these conditions, and proceed in a more definite way in the treatment, than is at present

possible, by following the classifications presented in our text books.

The local or exciting causes are those substances or conditions which either primarily cause inflammations leading to eczema or secondarily induce changes in the character of the inflammation. Almost any substance or condition which may act as an irritant, or stimulus to the physiological functions of the skin, may be considered under this head.

Water, by reason of its too frequent use during early childhood, is probably the most common exciting cause. Infants are washed with soap and water twice or more in twenty-four hours, regardless of the condition of the skin. While a great majority of children will be able to resist the changing temperature and loss of protective sebaceous secretion, those predisposed to eczema will soon develop a mild dermatitis, which in many cases is the beginning of the disease.

Animal and vegetable parasites, both those finding a habitat on and in the skin, should be remembered as possible primary excitants. Eczema due to these causes is not considered as typical eczema since the removal of the cause is sufficient to bring about a disappearance of the inflammation, although in some subjects typical eczema may develop.

Exposure to changes in temperature may be considered as a primary excitant and also as contributing to secondary changes in nearly all cases of this disease. As a primary factor exposure to severe winds and damp weather is an exciting cause often met with and it is quite common to see a relapse in a case apparently cured, on exposure to sudden changes in temperature.

The clothing of children is also frequently an exciting cause. Errors are more often due to over-dressing than the reverse. Woolens, when worn next to the skin, should be considered as the exciting cause in some cases, as frequently a pruritis is developed, which is only a short step from eczema, in susceptible subjects.

With regard to the exact nature of the inflammation there is considerable difference of opinion. It would be reasonable to assume that it is not possible to develop eczema from a constitutional cause alone on the ground that other causes are generally present. We are also justified in assuming that local causes, as temperature changes, etc., alone could not develop this condition, since constitutional causes are generally present. With combined local and constitutional causes the disease is easily estab-

lished, but still there is something unaccounted for, namely, the changing character of the inflammation. Why should we have a pustular condition in one case, an erythematous in another, a papular in still another, etc.? There is but one possible explanation and that is we must have a third factor. We could advance the theory that the intensity of the excitant and the resisting power of the individual might decide the form or degree of the inflammation, but this would not explain the constant presence of the various bacilli, which we must, therefore, consider as playing an important part in the etiology of this disease.

Unna has described a coccus to which he applied the term morro-coccus, consisting of clusters of cocci, and claimed to have produced eczema by inoculation. This was discredited by Török, who claimed that the resulting lesion was an impetigo. This organism is now generally regarded as the staphylococcus, epidermidis albus (Welch), which by some is claimed to be a less virulent form of *S. pyogenes albus*, and still others, among whom are Galloway (*British Journal*, February 25, 1899), contend that it is a mere saprophyte. Unna also found a bottle bacillus, which, however, was not constant, as was the morro-coccus.

The theory that eczema is caused by a single variety of bacillus has never been generally accepted. On the other hand, the secondary infection, by pyogenic organisms, is fairly well established. According to Sabouraud the primary eczema-vesicle is transformed into a pustule by the staphylococcus which, after proliferation, can excite primary miliary pustules; while the streptococcus produces superficial phlyctenulae below the horny layer of the epidermis between the vesicles, which, coalescing, produce extensive superficial erosions with yellowish crusts. In uninfected ruptured eczema-vesicles the corresponding depressions are discrete and the contents exude in single droplets, while in streptococcal infection the surfaces ooze uniformly.

These conclusions are exceedingly interesting and would seem to explain many of the changing conditions of this protean disease and also account for the character of the inflammation. From our present knowledge we cannot definitely regard the different varieties of eczema as due to a special organism, but accepting the changing virulence of these parasites under varying conditions, we can assume that they are largely responsible for the many clinical pictures of this disease:



Clinically there are four primary conditions of eczema, namely:—Erythema, papulation, vesiculation and pustulation, which imply the predominant clinical manifestations of the inflammation rather than distinct types of the disease. i. e. Eczema may begin as a papular eruption, develop the vesicular and pustular conditions and recede into the erythematous variety, or it may first show itself as the scaly variety and progress into the more severe types—the papular, vesicular or pustular.

There is one characteristic of this inflammatory disease of the skin and that is its tendency to form ill defined patches shading off into the healthy skin—with more or less infiltration, accompanied constantly by marked pruritis. It usually begins in small patches which coalesce to form larger ones until in severe cases the whole cutaneous surface may be involved.

All of the above conditions may be present in the same patient, and in severe cases this is the rule. The face and scalp will be the seat of the sero-pustular condition, with yellow or dark crusts. The backs of the hands will usually present about the same clinical conditions as the face and scalp, which may be explained by the fact that these locations are subject to practically the same local conditions—as atmospheric changes, etc. The creases of the neck and flexures of the joints, including the regions about the genitals, will develop the erythematous—more or less moist—variety of inflammation. The anal region will be the seat of an intense erythematous inflammation, on which may develop small isolated pustules. On the thighs and legs we most frequently see the superficial erythematous scaly variety in irregular patches. The palms and soles are seldom affected. One of the most striking features in severe, almost general, eczema is the absence of any inflammation about the region of the mouth and nose, imparting an abnormally pale appearance to the skin in this location by contrast with the outlying reddened and inflamed areas.

The diagnosis of eczema will depend on our appreciation of these conditions, its peculiar tendency to form patches, which may consist of erythematous lesions with pin point vesicles or papules, or we may have the severe, sero-pustular crusted lesions forming the patch.

The diseases affecting the skin, from which eczema will sometimes have to be differentiated, are, first, those presenting

lesions similar to eczema and, second, those conditions which develop eczema as a secondary manifestation.

In the first class, or those presenting clinical lesions resembling those of eczema, we have hereditary syphilis, erythema, impetigo, ichthyosis, urticaria and dermatitis herpetiformis (Duhring).

In the second class, or those conditions presenting eczematous lesions as secondary manifestations, we may consider scabies, trichophytosis and phthiriasis.

Hereditary syphilis, briefly considered, presents the following distinct characteristics. It may be present as an erythematous, papular or pustular eruption. The erythematous variety is usually located on the abdomen and inner sides of the thighs, but may involve the whole integument. It may be distinguished by its peculiar reddish brown color, in contrast to the uniform bright red of eczema. It is also accompanied by a dull, reddish, fissured appearance of the soles and palms.

The papular or lenticular variety is usually a general eruption accompanied by mucous patches at the junction of the skin and mucous membranes, as about the lips and anus. The fissures caused by this condition at the corners of the mouth, radiating out more or less on the cheeks, are very characteristic of hereditary syphilis, especially in contrast to eczema, which presents the pale but otherwise normal skin in this location. This variety is also accompanied by the moist papular condition, to which the term *condylomata lata* has been applied, and will be found in locations where the skin surfaces are in apposition—as about the anus, groin and axilla. This, contrasted with the weeping raw surface of eczema in these locations, should easily establish the diagnosis.

The pustular syphilide may be differentiated by the isolated character of its pustules with healthy skin between them. The ulcerations are deep; in eczema superficial. It shows a preference for the locations around the mouth, buttocks and thighs—pustular eczema chooses the cheeks, scalp and backs of the hands. It is a severe form of the disease and sloughing is a prominent feature and may cause considerable disfigurement. It is also commonly accompanied by dactylitis of the phalangeal joints and other evidences of severe constitutional involvement.

The general appearance of the infant in nearly all cases of syphilis will aid us in

doubtful cases. They are generally pale and emaciated, with brownish red fissured palms and soles. There is an aggravated condition of the natural lines of the face, imparting an old appearance to the expression. The hair is scanty, the nose flattened, the cry hoarse and whispering. Adding to these conditions the characteristic early symptom of mucous discharge from the nose (snuffles), we have a definite class of symptoms which should always differentiate syphilis from eczema.

Erythema may be mistaken for eczema, but lacks all the features except the redness. It comes on suddenly, like eczema, and may often be traced to gastro-intestinal irritation. It does not present scaling, exudation or crusting and thus may be readily differentiated. Moreover it is generally of short duration—disappearing in a few days, although its disappearance in one location may be followed by involvement of another, which is not the history of eczema.

Impetigo may be distinguished from eczema by the isolated character of its lesions, which are so characteristic as to offer little difficulty in establishing the diagnosis of this eruption. It is a discrete yellowish crusted lesion, the crust being situated very superficially with elevated borders, giving the appearance of having been "stuck on." There will also be vesicular and vesico-pustular lesions located on the face, preferably about the mouth. They are flaccid, especially as they increase to split pea or dime size, and when rubbed off, are found to be located in the upper layers of the epiderm. They do not tend to form patches and when the crust falls off there is a reddened area left corresponding to the size of the original lesion, which may be considered as pathognomonic of this disease.

Ichthyosis, or xeroderma, is frequently mistaken for eczema, especially when accompanied by secondary inflammatory conditions, which are quite common in the course of this disease, but if we examine the skin carefully we will find the dry harsh keratosis follicularis of the arms, imparting to the touch a feeling similar to passing the hand over a nutmeg grater. The extensor surfaces are the locations of a beginning xeroderma, while eczema affects the flexors. The former seldom affects the face during infancy, which is the most common location for eczema. When a dermatitis occurs in an ichthyotic subject, however, it should be treated along the lines laid down for eczema, but we cannot hope to relieve more than the inflammatory condition. Although recently

remarkable results in this usually hopeless condition have been obtained by the use of solution of resorcin. The differentiation is important from a prognostic standpoint only and will readily be made by the progression of the dry harsh character of the skin in ichthyosis, in contrast to the reddened scaly character of eczema, tending to moisture.

Urticaria in typical cases, presenting the characteristic wheals, will offer no difficulty. It is in the atypical and long standing cases that any liability to error may occur. In atypical varieties the one most likely to be mistaken for eczema is described under the title urticaria papulosa, or lichen urticatus. Its lesions are discrete and scattered papules, which begin as more or less typical wheals, usually on the extremities. The papules are larger than those of papular eczema and do not tend to form infiltrated patches. Urticaria, therefore, only resembles eczema in that there is marked pruritis and the eruption may be papular. The absence of infiltrated patches should establish this condition.

Dermatitis herpetiformis, of Duhring, will offer some difficulty in differentiation. As its name implies, it is an herpetic eruption appearing in groups of papulo-vesicles, accompanied by considerable pruritis. Many clinical varieties of this disease are described as dermatitis herpetiformis erythematosa, dermatitis herpetiformis vesiculosa, bullosa, etc. The distinction should not be made as a case may vary from the papular to the bullous, and in fact this is the rule. Multiformity of lesions, with grouping, coming on in successive crops at intervals of a few days or weeks, is the characteristic peculiarity of this disease. It differs from eczema in having larger papules and vesicles, by the isolated character of the onset of the eruption and steady succession of crops. It seldom affects the face, except in severe cases. While it is usually described as occurring during adult life, I have seen three cases in children under five years of age. The most striking features of these cases were the formation of isolated papules, vesicles and pustules, apparently arising from the normal skin. In other words, there was sharp definition of the lesions. Later there developed an erythema between them, when a new crop appeared in another location, following a similar course. This is so different from papulo-pustular eczema, which is always accompanied by an erythematous condition between the papules, that it would seem to be sufficient to remove all doubt as to its classification.



In class 2, or those conditions in which the clinical manifestations are an inflammation of the skin closely allied to eczema, the causative factors are of local origin and their peculiarity in development and course are usually clearly defined, offering but little difficulty in differentiation.

Scabies, due to infection by the *acarus scabei*, may offer some difficulty because it is always accompanied by the characteristic symptoms of eczema and in many cases is accompanied by all the forms of eczematous inflammation, mainly due to infection and irritation from scratching. It can be recognized by its selective locations—as the anterior surface of the wrists, between the fingers and toes, soles of the feet, upon the abdomen and buttocks. The face in severe cases may be involved, but this is very rare. The character of the lesion will also aid in all cases. If we examine the locations mentioned there will usually be found the pathognomonic canaliculus or burrow. It forms a slightly raised bowed line, about one-eighth inch in length, having a white speck at one end marking the site of the itch mite. These lesions are most readily found between the fingers and anterior surface of the wrists. Failure in demonstrating this lesion, however, must not exclude scabies.

As usually seen it is about as follows: On the wrists and between the fingers will be found isolated vesico-papules inclined to form curved raised lines. Around the waist line there will be an eruption of scratched papules. This latter location is seldom, if ever, involved in children under one year, but is the most common location for the small papular eruption caused by scratching in children after that period. On the lower extremities, especially if the case has progressed any length of time, there will be found scratched papules and pustules, the latter in varying forms, but usually round or oval. When the palms and soles are involved, there will be found pustules varying in size from a pin's head to a split pea. The face and back are seldom involved. Contrasted with eczema, the face is the most common location effected. The flexures of the joints and genital region are the locations involved by the erythematous variety of inflammation, while in scabies isolated papules will be found in these regions. Finally there will usually be a history of contagion in scabies which, with the characteristic locations of the eruption, should establish the diagnosis.

Trichophytosis of the scalp and body, when typical, will not offer any difficulty in

being distinguished from eczema. It is only in prolonged cases, that have lost the circular outline more or less, in which doubt will arise, but the manner of the formation of the lesion will usually place the disease in question beyond doubt. Trichophytosis corporis begins as a red, slightly raised, circular patch, which clears in the center as it advances and increases in diameter. When two or more of these circular lesions are situated in close proximity they may coalesce, forming irregular scalloped lesions, the centres of which are clear or may be slightly scaly. There may be a reinfection within the lesion just formed, developing a condition which may resemble the seborrhoeic form of eczema, but the more sharply elevated, reddened, scaly border, with the history of the development of the lesion, will aid us in differentiating this eruption. There may be vesiculation which, however, is usually limited to the active spreading border.

Trichophytosis capitis will readily be distinguished by the sharply round, grayish white, scaly patches, with broken-off hairs, situated within the lesion. In some cases these patches may seem to be bald, but by passing the finger across them the stiffened broken-off hairs may be felt, especially at the borders. This condition alone should distinguish trichophytosis capitis from eczema, as the hair is not affected in the latter condition.

In Phthiriasis, the variety met with during childhood, is the *pediculus capitis*. This condition is usually accompanied by an eczema at the nape of the neck and may, in severe or long standing cases, extend down the back. There may also be a moist eczema behind the ears and isolated pustules on various parts of the scalp, due to infection from scratching. The characteristic locations, with the presence of the pediculi or nits, which may be readily found on the hairs, preferably in the temporal or occipital region, will be sufficient to establish this condition.

Treatment. Success in the treatment of our cases will depend on the proper understanding of the character or stage of the inflammation and the recognition of the predisposing causes. Referring to the classification, we can at once appreciate many of the conditions which will require treatment aside from the local inflammation. In a few words, treatment will consist of bringing the constitutional condition of the patient up to the best possible standard, combined with suitable local applications for the various stages of the inflammation. Cases occur-



ring in children of a strumous or tuberculous diathesis will require careful regulation of diet, plenty of fresh air and iron or cod liver oil. Eczema of this type is due, in many cases, to local infection and may be traced directly to a conjunctivitis or ozena.

In cases coming under the head of the nervous type, we will find evidences of gastro-intestinal irritation. The stools will be found diarrhoeal, chalky, clay-colored or dark and lumpy, indicating an error of digestion or the ingestion of articles of food impossible of digestion at this period. This class will include by far the greater majority of our cases. We will usually find that they have been fed, in addition to breast milk, in some instances, small amounts of almost every article prepared for the family dinner. We must therefore institute a plan of diet corresponding to the needs of the patient. First, however, regulation of the bowels should receive attention. A good plan is to begin treatment by administering calomel in 1-10th grain doses every half-hour until free catharsis is induced. If the patient is a nursing baby, all articles of food should be discontinued and proper intervals of nursing advised. Occasionally we will find that the mother's milk is at fault. Her condition should be improved by suitable diet, fresh air, tonics and freedom from worry.

I do not feel that we are justified in substituting artificial feeding in eczema, except in cases suffering from severe malnutrition due to conditions of the mother's milk which cannot be overcome. The inflammation can usually be controlled by local means until the mother's condition has been improved. If artificial feeding is found to be necessary, the plan which has proven most successful is the proper adjustment of cow's milk to suit the capacities of the patient. I do not feel it necessary to go into detail regarding the plan of adjustment as no doubt it is familiar to all. However, there is one important point to remember in adjusting the diet in eczema cases and that is that over-feeding is as harmful as the reverse. It will be advisable to begin with an amount rather less than prescribed for the age of the patient and gradually increase as the eczema disappears. With a suitable diet these cases will usually rapidly respond to local treatment. Medicaments are seldom required, although some cases will demand the administration of a mild aperient, such as milk of magnesia or cascara sagrada for a varying period.

In children who have been over-fed a re-

duction in diet is all that will be required, in addition to local treatment. It will be a good plan to begin treatment in these cases by reducing the diet to about one-half, gradually increasing it again, as the inflammation subsides. If the patient be a nursing baby, the intervals of feeding can be increased and the time allowed in nursing lessened. The same rule in regulating diet must be followed as in the nervous type when it is found that improper articles of food have contributed to the disease.

In class five, or the asthenic type, we have cases caused by neglect both as to diet and hygiene. They are usually thin and poorly nourished. The eruption will usually be isolated in character and pustular from infection by pus organisms, or the skin may be inflamed from wearing wet diapers. The locations about the eyes, as in the strumous type, may be the seat of a weeping eczema, resulting from a conjunctivitis, etc. The treatment of these cases is evident.

After carefully regulating the diet, surroundings and general condition of the patient we are ready to begin local treatment. The first step in this direction is to properly regulate the clothing. See that woolens are not worn next to the skin; also that the patient is not over-dressed.

One of the most annoying and obstinate symptoms will next demand attention, namely, the pruritis. Strenuous measures to prevent scratching have been advised, as tying the hands or applying improvised handcuffs. This, however, is a very cruel procedure and is seldom, if ever, necessary. The theory that the inflammation is made worse by scratching is advanced as a plea for this step and is well founded, but we can usually control the itching by more humane means and at the same time aid in the reduction of the inflammation. This is accomplished by simply protecting the inflamed areas from atmospheric changes, which in most cases is the aggravating cause of the pruritis. If the face and scalp are involved a well fitting cap, so made to completely cover the scalp, forehead, cheeks and neck, leaving the centre of the face exposed, will usually be found sufficient, with the addition of a soothing ointment to allay this troublesome condition. Temperature changes must be guarded against. Very active cases should be kept indoors until resolution has advanced to the erythematous, scaly stage, when it will be found possible to take the patient out of doors without harm to the eczema and great benefit to the child. Do not confine an eczema case to the house longer

than necessary to control the active inflammation.

In the application of remedies there are two rules which must be rigidly observed. 1st.—Employ soothing or protecting applications in active forms of the disease. 2d.—Employ stimulating applications in the later or chronic infiltrating stages.

It will be found a good plan to begin treatment with a soothing application, which is continued until the dry stage has been developed, when some form of stimulant is carefully added to encourage a normal development of the horny or protective layer of the skin and a good result cannot be said to have been attained until the skin has become soft and free from scales. A great many remedies have been advanced for this condition and new ones are being constantly added, with more or less merit, but if we remember the object to be attained is only the protection of the more or less exposed sensitive corium, until the physiological functions of the skin can be carried on under normal conditions, we shall not require a great many remedies.

For the very active inflammations, accompanied by serous exudation, or pustulation, with crusting, an ointment of bismuth zinc and starch with benzoated lard can be applied and the ingredients increased or lessened according to the demands of the case. The amount of the powders being increased, according to the severity of the inflammation, to make a good, uniform pliable cover. The following formula will constitute about what has been found most efficient for this purpose:

R

Pulv. zinc oxid

Bismuth sub. nit.

Pulv. amyli aa ʒss

Vaselin vel adepis benzoat. ʒii

This ointment should be applied frequently enough to keep the inflamed surface well covered, and once in each twenty-four hours should be thoroughly removed by washing with either sweet almond or olive oil, at the same time removing all loose crusts and scales. Never permit water to be used for this purpose. In from seven to ten days, if the treatment has been thoroughly carried out, the inflammation will have subsided and instead of the raw looking surface we will find the new epiderm, but we must allow a sufficient time before beginning the second step or stimulation, the indication for which will be the appearance of the epidermis. If we now carefully observe the drying horn cells we will find that

they are apparently being piled up in small circles corresponding to the pre-existing vesicles or papules, the surfaces presenting an uneven, dry scaly appearance. The soothing and astringent ointments will not, as a rule, do much toward completing resolution: it is now that we must begin with some form of stimulation, being careful, however, not to carry the stimulation to the point of irritation.

A great many remedies are recommended for this, but it is far better to learn to use one substance for each condition than to change from one to another. Among the remedies used for stimulating in eczema we find oleum cadini, sulphur, hydrargyrum ammoniatum, ichthyol, resorcin, tar, &c. All being recommended as having some special value for the various clinical conditions of the chronic or infiltrating stage of eczema.

In oleum rusci we have a stimulant which is also penetrating and which seems to be especially well adapted for stimulating the normal formation of the superficial layers of the epidermis. As there are several crude varieties on the market used mainly in the manufacture of Russia leather, it is very important when writing for this oil to specify the variety desired, which is known as oleum rusci rectificatus. In beginning stimulation it should be diluted about two-thirds, with olive or almond oil, and gradually increased to full strength as the redness disappears. Applications are made twice daily with absorbent cotton, followed by a soothing ointment, which should be applied at intervals sufficient to keep the inflamed areas constantly covered. If, in beginning stimulation, we find that the surface has again become moist, the soothing ointment is applied for a few days longer, followed by a milder mixture of oleum rusci.

From the foregoing the local treatment, it will be seen, consists in simply applying a soothing ointment until the weeping raw surface has become dry and scaly, which is then followed, in a few days, by some form of mild stimulation and protection.

Cases will vary considerably in responding to treatment and relapses are frequently observed. The cause can usually be traced to some constitutional defect, which must be treated before a permanent result can be obtained. Local treatment, while of the greatest importance, will not bring about a cure in cases, for example, suffering from over-feeding or gastro-intestinal irritation. We must, sometimes at least, forget the eczema and treat the patient.

Cases due to local causes are usually due

to parasites or pus organisms and require only local treatment. Their recognition was considered under etiology and a few words regarding their treatment will suffice.

Eczema, accompanying pediculosis capitis, is located at the nape of the neck and may extend down the back or involve the region about the ears. It most frequently occurs in children after the second year. Its treatment will consist in destroying the pediculi. A simple plan of treatment, and one well adapted for ordinary use, is to apply equal parts of kerosene oil and olive oil, in sufficient amounts to completely saturate the hair. This is allowed to remain for twenty-four hours and is then followed by shampooing with ordinary soap and water. This process may be repeated if necessary. In severe cases a soothing ointment may be applied to the eczema, but usually further treatment is not required, removal of the cause being sufficient to bring about the disappearance of the disease.

Eczema, due to acrid discharges from mucous membranes, is located about the eyes, extending out on to the cheeks, from a conjunctivitis, to the upper lip from a purulent ozena, to the buttocks from a vaginitis. These cases require that the source of irritation be treated by suitable applications depending on the conditions found.

Eczema of the lids is best treated by ointments consisting of impalpable powders or solutions. Those apt to contain gritty material should never be used in this location. Applications of boric acid solution two or three times daily, followed by an ointment of the yellow oxide of mercury, one-half to one per cent. will be found an efficient plan of treatment.

Eczema occurring from an acrid discharge from the nostrils may be treated by applications of nitrate of silver solution, about one per cent. strength, applied on cotton, to the anterior nares, followed by the application of ammoniated mercury ointment in vaselin, about three per cent. strength.

Eczema from an infectious vaginitis will require that the vagina be washed out with boric acid or permanganate of potash solution once or twice daily.

Eczema due to wearing wet diapers, when severe, may be dressed with an ointment of diachylon, composed of one part of emplastrum diachyli and three parts of vaselin, spread on sheet lint and applied under the diaper. Mild cases will require only washing with sweet oil followed by a good dusting powder, preferably of bismuth and zinc.

Unna's eczema seborrhoeicum, appearing

as irregular, scaly patches on various parts of the body is best treated by washing with a lotion of resorcin in water, five per cent. strength, followed by the application of bismuth and zinc paste, or simple ointment.

The pityriasis capitis, whether of the dry or oily variety, will rapidly respond to oleum rusci applications, which are continued until all signs of oily crusting have disappeared. Resorcin solution, to which a small amount of glycerin has been added, may also be used for this condition. Owing to the somewhat disagreeable odor of oleum rusci, resorcin is preferable, especially in mild cases. In severe forms it will be a good plan to begin with ol. rusci and follow with the resorcin solution after the crusting has become less. Lime water and olive oil applications may also be used with good effect for the removal of crusts, followed, as in the case of ol. rusci with the resorcin solution.

In conclusion, eczema is not a distinct classifiable disease, but rather an inflammation varying in character according to the constitutional defects of the patient and severity or variety of the local exciting causes.

If the attempt at classification, under some of the most common constitutional defects encountered, has simplified the treatment of this condition this paper shall have fulfilled its mission.

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## DIET IN TYPHOID FEVER.

By D. E. English, M. D.,  
Millburn, N. J.

President Orange Mountain Medical Society;  
Permanent Delegate Medical Society of N.  
J.; Member Council William Pierson  
Medical Library Association; Mem-  
ber A. M. A., Essex County, (N.  
J.) Medical Society, and  
Summit (N. J.) Medical  
Society.

The many varieties of food and the large number of methods of feeding recommended for typhoid patients by different writers are almost enough to make one believe that the diet is of little if any importance in the treatment of typhoid fever.

Each writer on this subject claims his system of feeding to be the best; all show a remarkably low death rate, and explain the deaths as due to something apart from the food or the manner of feeding. There are, however, three weak points in these reports, viz.: First, these plans of feeding are based on empiricism rather than on pathology. Second, many of them are founded on too



few cases to be of great value. Third, the results are shown to be good by the death rate alone, rather than by the duration of illness and death rate considered together. A diet that keeps the patient sick longer than necessary, and does not lower the average death rate, is a poor diet. The ideal diet would be one that not only lessened the death rate, but so preserved the patient's strength as to shorten the duration of the illness. Such a plan of feeding can be thought out only by a careful study of the morbid anatomy of the disease. While the condition of the blood, the wasting of the tissues, and the presence of the bacillus typhosus in various parts of the body all show the need for a large amount of nourishment; the lesions located in the intestine have the strongest bearing on the method of feeding.

There is no convincing evidence that the typhoid bacillus ever enters the body except through the walls of the small intestine, and Osler thinks it doubtful whether the bacilli can enter the system through an absolutely intact intestinal wall. This seems to show that from the very inception of the disease we have to deal with a damaged intestinal wall. By the time the doctor sees the patient there is present a catarrhal inflammation of nearly the whole length of the small intestine, most intense in the lower six or eight inches of the ileum. Pepper says that this inflammation rarely extends into the large intestine, while Osler seems to think the caecum and upper part of the colon are practically always involved. The inflammation becomes more and more intense, especially in the lower part of ileum, and necrosis of lymph cells, and possibly of mucous membrane commences about the tenth day. True eschars form and are followed by ulcers more or less deep. Osler says "The muscularis forms the floor of a majority of all typhoid ulcers": also, "The necrosis is probably due in great part to the direct action of the bacilli." "The terminal six or eight inches of the mucous membrane of the ileum may form a large ulcer in which are here and there islands of mucosa." "Healing begins with the development of thin granulation tissue which covers the base". "The mucosa gradually extends from the edge and a new growth of epithelium is formed." Sometimes healing is not complete until the sixth or seventh week of the disease. The time it takes for these ulcers to heal probably depends very largely on the diet.

Osler quotes Chomel as saying that perforation of the intestine in typhoid "is some-

times the result of ulceration, sometimes of a true eschar, and sometimes is produced by distention of the intestine causing the rupture of tissues weakened by disease." "In only a few cases is the perforation at the bottom of a clean thin walled ulcer" (Osler). Perforations are nearly always in the last twelve inches of the ileum.

The results of experiments on rabbits recently made by two German investigators, Rolly and G. Liebermeister, have an important bearing on this subject.\*

These observers find the normal small intestine to be practically sterile in the upper part, rather more bacteria being found in the ileum. Bacteria introduced into the upper part of the small intestine were destroyed in part by the intestine, some of them being removed by peristalsis, so that after a certain time the small intestine became nearly sterile again. This bactericidal power was shown to be due not to peristalsis, nor to the action of intestinal juice, pancreatic juice or bile, alone or combined. It seems to reside in the wall of the intestine itself. Acid chyme from the stomach, as it enters the small intestine, has an inhibitory effect on the growth of bacteria. If the stomach contents are neutralized many more bacteria are carried into the small intestine than otherwise. It was found further that if the intestinal mucosa was injured bacteria could grow unhindered and that an enormous growth of bacteria took place under such circumstances.

This brief review of the local and general condition of the patient suffering from typhoid may serve us as a guide to a rational and reasonable diet in such conditions. In the first place the patient is rapidly losing flesh and strength, and suffering a deterioration of the quality of the blood. Hence he is in need of strong nourishment in sufficient amount to combat this loss. Not so much of carbohydrates to keep him warm, but more of nitrogenous food and fats to build up the blood and wasting tissues. It seems necessary to ignore the irritated and sometimes inflamed condition of the kidneys, and to insist on their taking care of the products due to a highly nitrogenous diet. As a matter of fact the kidneys are rarely permanently damaged in this disease, although they may temporarily suffer considerably from the strain put upon them.

This may be mitigated to a certain extent by giving large amounts of water, thus di-

\* See Deut. Archiv. f. Klin. Med. 1905, lxxxiii, p. 413, journal A. M. A., vol. XLV, pp. 1284 and 1408.

luting the irritating substances passing through the kidneys.

The next thing to consider is the physical and chemical qualities of the food, and their relation to the inflamed and ulcerated mucous membrane of the gut. To irritate this diseased mucous membrane either mechanically or chemically is to prolong the trouble and possibly to determine the question of life or death of the patient. We should remember, also, that in a small per cent. only do perforations occur through ulcers, and that any food causing gaseous distention of the intestine greatly increases the danger of such an accident. Moreover, we find that food which is acid in reaction when it leaves the stomach probably has a better effect on the intestine than if it is alkaline.

It is also obvious that the small intestine, and especially the ileum, should be kept as nearly empty as possible. The germs of the disease certainly grow and multiply in the contents of the intestine more than anywhere else. Because many bacteria have been taken up from the intestine and distributed throughout the body is no reason why we should not do everything we can to prevent any more coming from this source. The presence of food in any state of digestion or undigestion in the ileum must be a source of irritation and danger. If possible, no food or waste products should reach the ileo-caecal valve. The question then resolves itself into the problem of having a large amount of concentrated nitrogenous food absorbed from the upper part of the small intestine, and of having that food acid in reaction when it leaves the stomach.

Milk is probably the most largely used food in typhoid fever but it has seemed to me both for theoretical and practical reasons, to be illogical and harmful. Given freely and undiluted, as is often recommended, it must fill the small intestine with a mass of curds, which both by mechanical action and by fermentation with the production of gas and irritating chemical products, cannot fail to do serious harm. If these milk curds do not determine perforation, they must necessarily prolong inflammation, increase ulceration and furnish an excellent culture bed for the bacilli. In this way they prolong the disease and lessen the patient's chance for recovery. Diluting the milk cannot do much toward preventing this state of affairs, and rendering it alkaline probably increases the danger. It seems to me that the same reasons that make us stop giving milk to an infant with enteritis, should cause us to refrain from using it in an adult suffering

from enteric fever. For these reasons I have not used milk at all in treating typhoid for about eight years, and my patients get out sooner than when I used it, and with less loss of strength and weight.

Another food much used, especially in the later stages, is toast. This must also be dangerous for the reason that it is practically impossible to prevent some particles of burnt bread or charcoal finding their way into the intestine. Several cases of relapse have been reported as due to toast. I have never used it. The plan of feeding that I have used for some years with great satisfaction to myself and apparent benefit to my patients is as follows:

Give two ounces of Weir Mitchell's dissolved beef at 6, 8, 10 and 12 A. M., and 3, 5, 7, and 9 P. M. Give the white of one egg, acidulated, at 7, 9 and 11 A. M., and 4, 6, 8 and 10 P. M., allowing the digestive organs to rest between 12 and 3 P. M., and between 10 P. M. and 6 A. M. The patient is urged to take large quantities of sterile water at all times, either plain or slightly acidulated with lemon juice. The egg is prepared by stirring (not beating) the white of one egg in two and one-half ounces of sterile water, and adding five drops of dilute hydrochloric acid, or half a teaspoonful of lemon juice, preferably the acid. If the patient distinctly desires it a little sugar may be added.

The beef is prepared as follows: Put one pound of finely chopped beef into a one-quart glass fruit jar, add a pinch of salt and one pint of sterile water; shake well. Then add one teaspoonful of the following prescription, and shake again.

R

Acidi hydrochlorici (U. S. P.) 5  
Aque destillatæ 5vi

M. S. A teaspoonful to one pint of boiled water for dissolving beef.

Put the sealed jar in a cool place, like a cellar floor, (not on ice,) for twelve hours. Then set the jar into water, as in making ordinary beef tea, and keep it hot without boiling (about 110° to 120° F.) for four hours. Strain through two or three layers of cheese cloth, wringing through all the juice. Flavor with salt and pepper and serve agreeably warm. If properly made the residue will consist almost entirely of white fibrous material, the red muscular fibre having been about all dissolved. No other food should be given before the end of the third week, and in some cases not until a week or more later, when whole eggs, soft boiled or poached, or a little finely

minced meat, and later thoroughly cooked cornstarch and other starches may be cautiously added.\*

In the beginning I give a large dose of cathartic medicine, and continue with laxative doses until I feel sure the whole length of intestine has been completely emptied. I believe that if the intestine is thus thoroughly cleaned, and no food is given for the first twenty-four or thirty-six hours, that the above diet will be about completely digested and absorbed before any of it reaches the ileo-caecal valve. Care must be taken not to give too much at once. In some cases the above amounts will be found to be too large, but on account of the tremendous drain on the patient's strength they should be approached as nearly as possible.

\* See *Medical Record*, vol. 68, no. 18, p. 697. Treatment of Typhoid Fever."

## REVIEW OF THE EIGHTH DECENNIAL REVISION OF THE UNITED STATES' PHARMACOPOEIA.\*

By Henry A. Pulsford, M. D.,  
South Orange, N. J.

In the last revision of the pharmacopoeia which went into effect on the first of September last there were a number of important changes with which it will be well for us all to become familiar. Several new drugs, the value of which has been established in the course of the past ten years, have found a place in the new work. A few standard combinations, heretofore available only through the enterprise of certain pharmaceutical houses, have been made official, so that they may now be prepared and dispensed by pharmacists all over the country. Changes have been made in the names of some and in the strength of other important preparations in common use. A number of drugs of doubtful value have been discarded altogether. And last, but not least, the use of assayed drugs and preparations has been made obligatory. It is of course neither desirable nor possible in this brief review to enumerate all the changes that have been made, and all that I shall attempt is to bring to your notice those which affect the preparations we are all using from day to day.

Antipyrin, bismuth subgallate, bismuth subsalicylate, bromoform, guaiacol, guaiacol

carbonate, iodol, strontium salicylate and zinc stearate have become official. We also find in the pharmacopoeia aqua hamamelidis (Pond's extract of witch hazel), an extract of malt, a solid extract and an aromatic fluid extract of *rhamnus purshiana* (*cascara sagrada*), a fluid extract of *granatum* (pomegranate), the alkaloids aconitine, colchicine, hydrastine, the glucoside strophanthin, the alkaloidal salts homatropine hydrobromide, pelletierine tannate and strychnine nitrate, oleates of atropine (2%), quinine (25%), cocaine (5%), ointment of boric acid stearate of zinc.

Of the animal extracts the thyroid and the supra-renals have been made official under the names, *glandulae thyroideae siccae* and *glandulae suprarenales siccae*. Also diphtheria antitoxine, as serum antidiphthericum.

Among the new drugs which have been incorporated in the pharmacopoeia under unfamiliar names are the following: Acetphenetidol is phenacetin, *adeps lanae* is anhydrous lanoline, ethyl carbamate is urethane, benzosulphinide is saccharine, chloral formamide is chloralamide, hexamethylamide is the urinary antiseptic which we know is formin or uratrophine; methylthionine hydro chloride is methylene blue, sulphonmethane is sulfonal, sulphonethylmethane is trional, thymol iodide is aristol.

There have also been many changes in the names of the older drugs and preparations: Arsenious acid has become arsenic trioxide, carbolic acid, phenol; the hydrates have all become hydroxides, the hydrochlorates, hydrochlorides, the hydrobromates, hydrobromides, and the valerianates, valerates; instead of soda, potassa and magnesia, we have the correct chemical terms, sodium hydroxide, potassium hydroxide and magnesium oxide; chloral has again become chloral hydrate, and naphthol is betanaphthol; resorcin is resorcinol, salol is phenyl salicylate, spirit of glonoin is spirit of glyceryl nitrate. In writing for the fluid extracts in Latin we are instructed to use the single word *fluidextractum* instead of the two words *extractum fluidum*, a change which sacrifices Latinity in order to lessen the probability of errors.

This edition of the pharmacopoeia offers physicians and pharmacists formulae for several combinations of drugs which have in late years achieved more or less popularity among the profession under different copyrighted trade names. Whatever is of value in these preparations is thus made public property; instead of being kept a

\*Read before the Orange Mountain Medical Society.



more or less ethical and secret nostrum for the benefit of a few manufacturing pharmacists. It seems to me that it is the duty of physicians to become familiar with these official preparations and to make a habit of prescribing them rather than the products of the wholesale manufacturer, unless they know the prescription will be taken to an incompetent pharmacist. The more important of these are the following: *Cataplasma kaolini*, practically the same as antiphlogistine, antithermoline, etc.; *emulsum olei morrhuae* and *emulsum olei morrhuae cum hypophosphitibus*, both excellent substitutes for a number of proprietary preparations of unknown composition; *liquor antisepticus*, a solution of known composition embodying all the good qualities of such compounds as "listerine" *et id omne genus*; *liquor cresolis compositus*, made from a formula practically identical with that of lysol; the *pilulae laxativae compositae*, our trusty A. B. S. pill with ipecac; *pulvis acetanilidi compositus*, having all the virtues of the antikamnia tribe, with but the one vice which is inherent in all acetanilid mixtures; *syrupus hypophosphitum compositus* prepared by a competent pharmacist from pure drugs according to the directions given in the pharmacopoeia is certainly just as good as any similar preparation on the market.

Of the list of substances dismissed from the pharmacopoeia the only thing to be said is that it is a pity that it was not a larger one. There are certainly many more drugs than the 159 rejected ones which we could easily get along without. However, as only 126 new preparations were added, the bulk of the collection is not increasing, which is certainly a cause for congratulation.

Chief among the changes in the strength of the preparations of the new pharmacopoeia is the requirement that almost every drug shall conform to a fixed standard determined by the quantity of active principle it contains. If druggists and manufacturing chemists are made strictly to live up to these requirements, physicians and patients will be greatly benefitted. As to the other changes in the strength, it is certainly the duty of each of us to make himself familiar with them, for they are in many cases too great to be disregarded. Tincture of aconite, for example, which used to contain about 35%, now contains but 10% of the active principle. The old Basham's mixture contains twice as much iron as formerly, while the syrup of iodide of iron is only half as strong as it used to be. Tincture of

digitalis is 10% instead of 16%. The same change has been made in the strength of the tinctures of belladonna, hyoscyamus, stramonium, gelsemium and colchicum. Tincture of opium is slightly weaker. Tincture of veratrum is only 10% instead of 40%. Sulphur ointment is 15% instead of 30%.

To go into greater detail in such a review as this would not only be wearisome but would only tend to your greater confusion. Suffice it to say that all of us who pretend to prescribe intelligently should own a copy of the revised pharmacopoeia and refer to its pages constantly until we have made ourselves familiar with all its new provisions.

### PRACTICAL ANESTHESIA.\*

By J. Alan MacLay, M. D.,  
Paterson, N. J.

It is with some diffidence that I take for my subject one which has furnished material for more papers and discussions than almost any other in our field, and yet I am convinced that you will lose nothing by a repetition of the generally accepted rules in regard to anesthetics and may be able to gain something from the points I aim to give you. I doubt whether there is anything original in this paper, as I question whether anything new could be added to the mass of contributions on the subject already extant.

My experience, in the main, rests with the two oldest, most studied and familiar drugs, i. e., chloroform and ether; and I am sure that the practical tests to which they have been put in the years of their employment have proved them to be the most generally serviceable on all occasions. Each has good and bad features, and there is constant danger to life when a patient is under the influence of either. In the hands of a tyro the good features are reduced, the bad features accentuated and the danger to life proportionately increased. But everyone must start to gain experience, and with attention to the subject, close observation and a little common sense in the administration, any physician should soon become proficient. We know that the facilities for teaching the art of anesthetizing in the medical schools are inadequate, while operators always want experienced men to do this work for them. Hence it is a usual thing

\*Read before the Passaic County Medical Society.

for a graduate to take up his duties as interne in a hospital either ignorant of the responsibility which he assumes during his first attempts at anesthesia or conscious of it and carried through by his nerve, with which the majority of young internes seem to be plentifully endowed. The first several attempts being over, he is or is not a good anesthetist, depending on the degree of attention he gives the subject. There are a few rules and methods of administering the drugs mentioned, which if followed will prove of considerable help to all who will try them.

Before every anesthesia see that there has been a urinalysis made; that the stomach is empty; the bowel washed out; the bladder empty; the lips free from mustache or beard, and the mouth free from false or loose teeth or other foreign body. Listen to the heart and lungs and report to the operator any irregularity. Count the pulse and register the same and feel the condition of the arteries; examine the eyes as to the mobility of the iris (a patient may have an immobile iris or a glass eye, which might be misleading); have the patient recumbent and free from all restricting clothing. Have restoratives handy, i. e., strychnia, nitroglycerin, digitalin, whiskey atropin, etc. A full tank of oxygen should be at hand and one of the patient's arms scrubbed and sterile at the elbow; and an intravenous infusion set all ready with hot and cold normal saline solution made up. Don't have a flame in the operating room. The patient and the room should be kept warm.

During the administration of the anesthetic we have as indicators of the patient's condition the pulse, heart beats, respiration, pupil, general condition of the skin, and the blood escaping during the operation. By placing the patient's arms in a semi-extended position above the head either radial pulse is within easy access of the anesthetist and of course any irregularity should be accounted for. The heart beats can sometimes be counted when the pulse cannot. The respiration should be even, regular and perfectly easy. The chest may move without respiration, therefore it is essential that the inspiration and expiration should be heard plainly before positive statement can be made that the patient is breathing. The skin and general appearance should be just as normal as those of anyone in a perfectly normal state. By that I mean that patients with the little blue veins of the skin dilated, face flushed and breathing laboriously are in danger of apoplexy, and any such condi-

tion is probably the fault of the anesthetist. The blood escaping sometimes darkens to such a considerable extent that the operator calls attention to it. This again is the fault of the anesthetist because the patient is not getting enough air. On the pupils I place great reliance, and I have copied from Da Costa's *Surgery* the pupillary reactions under anesthesia, all of which I have found very reliable. "Always bear in mind that a dilated pupil reacting to light and associated with preserved conjunctival reflex means that anesthesia is not complete; that a contracted pupil reacting to light and without conjunctival reflex means moderate anesthesia; that a contracted pupil not reacting to light and without conjunctival reflex means deep anesthesia; that a dilated pupil not reacting to light and with lost conjunctival reflex means dangerously profound anesthesia." I repeat that I have found these pupillary reactions most convenient and always endeavor to maintain anesthesia at such a point that I have an anesthetic conjunctiva with a fairly contracted pupil which reacts to light. I have never found it necessary to increase this degree of anesthesia even for rectal or uterine work where the dilatation of the sphincter or os serves to increase the sensitiveness of the patients. With the patient's head well over on the side I have never had any trouble with the tongue and condemn the use of the mouth gag and tongue forceps. Never open a patient's jaws to wipe his mouth of saliva. Place the head on the side. The saliva will then drain into the cheek, whence it can be expressed from the outside and wiped from the lips. I also condemn the use of a cloth over a patient's forehead and eyes. It obscures the view of the part giving the most valuable information as to condition.

Chloroform and ether are both cardiac and respiratory stimulants, and tests show that they both stimulate the circulation in a gradually increasing degree until the maximum is followed by a fall. Both are finally depressants. The arc of stimulation for chloroform, however, is about two-thirds as long as that for ether, i. e., if ether can be continued with safety for three hours in a given case, chloroform can be given for two hours before it reaches its depressing stage. That they are both good cardiac and respiratory stimulants I have proven to my own satisfaction repeatedly, as I have seen many patients, who before anesthetization were in a highly nervous state—apprehensive—pulse 120 to 130 and respirations



30. after coming under the influence of the drug, show a respiration of 18 or 20—pulse gradually slowing down to 80 or 85—full and regular so that the condition on leaving the table was ever so much better than before.

Now as to administration. For chloroform the profession has practically discarded every apparatus but the Esmarch inhaler, and I consider that anyone giving chloroform by any other means is taking a great risk. I greatly dislike the uncertain method of using a handkerchief. The face, lips, alae of the nose and eyelids should be smeared lightly with vaseline. Placing the inhaler over the mouth and nose and allowing the patient to breath a few times without inhaling any of the drug will serve to reassure him somewhat. Tell him to keep his hands down breathe regularly and keep his eyes shut. Do not hold the mask—if he moves let it move with him. It can be strapped on with tape in some cases. The chloroform is to be added one drop at a time from a drop bottle and continued at the rate of ten drops a minute. This will approximately equal five minims of chloroform a minute and will be found sufficient. To show really how little chloroform is needed I recall the case of Gordon. An alcoholic—put under chloroform for stomach operation—stomach lavaged while under and before operation, in all being under the influence of the drug for two and one-half hours. Total amount of chloroform used; nine drachms or a little over three minims a minute. Using this method I have never seen an accident caused by the drug. The patients, as a rule, go under very quietly and rapidly, and the anesthesia can be carried along for two hours in most cases without ill-effect and sometimes longer as in the case cited.

As to ether, the various apparatus invented for its administration I will eliminate as too complicated to describe. No doubt they are more or less familiar to all. I will deal only with the most simple form of paper or tin cone, specimens of which I will exhibit, but even these can be and are incorrectly used. Prof. Ochsner, of Chicago, advises the administration of ether on an Esmarch inhaler to which has been added a small wad of cotton to hold more of the drug. I have never tried it but think it is perfectly practical. My method is to construct each cone with a perfectly free and large draught for air, with only enough packing in the tin cones to hold the drug and none at all in the paper and towel cone. The sides are saturated with ether and the

fumes reach the patient well diluted with air and this I have found to be absolutely sufficient in all cases in which I have used this method. Whenever I see a closed cone in use I feel sorry for the patient on account of the labor he performs in getting any ether, to say nothing of air. Just try and see how difficult it is to breath through a tightly packed cone wet with even water. And yet anesthetists will still further embarrass a patient by completely closing the opening with the hand. The only air the patient gets under these conditions is when the cone is off the face. No wonder; then, we see them with choking respiration, staring eyes—the little blue veins dilated—lips purple and in an almost apoplectic condition. The anesthetist will probably think the patient is an old alcoholic and will excuse himself on that ground. But I repeat that no patient should be in that state and would not be if he was given something to breathe. The various inhalers with rubber gas bag attachments give the patient at least a chance to inflate the lungs, but to my mind plenty of air with the ether is the ideal method. It matters little whether the ether is applied gradually to the cone, which is already on the face, or the cone is saturated and then brought slowly closer. The period of getting the patient under is somewhat prolonged, as the drug is repulsive to practically all—nevertheless, slow administration is best and little struggling will ensue. My most satisfactory results have been from chloroform anesthetization followed by ether. Beginning with nitrous oxide gas is certainly very grateful to the patient, and yet after the ether is started I can conceive of no apparatus better adapted than the simple cone I have exhibited, used in the manner outlined, and believe that all cumbersome and complicated paraphernalia should be discarded for it. I have presided over 300 cases of anesthesia; the first 100 of which were indifferently managed—but since using the foregoing routine and the inhalers shown you, in the last 200 cases I have been free from trouble and welcome the chance to give an anesthetic as cordially as I used to hate it.

160 Broadway, Paterson, N. J.

**Fraudulent Indorsements.**—The *Journal of the American Medical Association* calls attention to a reprehensible abuse, that of paid indorsements of certain proprietary articles, written in Germany by those not in a position to express an honest opinion, for the purpose of having such articles published in this country with the weight of foreign indorsement. It is said that from 1,000 to 4,000 marks have been paid for such "write-ups."



## A CLINICAL STUDY IN BLOOD PRESSURE AT THE LINCOLN HOSPITAL.

By Louis Faugeres Bishop, A. M., M. D.,  
New York City.

This afternoon I am going to take advantage of having two fairly typical cases, to talk to you on the subject of blood pressure. I like to divide blood pressure in its clinical relations into three classes. The primary low arterial tension which is found in many different forms of disease, where the structures of the heart are at fault, or where all the vital forces of the body are deteriorated by disease. The second class of cases are those of high arterial tension, in which the pressure in the arteries is increased, either on account of a persistent demand on the part of the system for a high arterial tension, or because there is a resistance in the circulation which requires high tension for the proper distribution of the blood. The third class of cases is the logical outcome of the second class, in that the circulatory forces are finally exhausted by this overdemand for pressure, and we have a secondary low arterial tension.

The circulation of the blood is too often considered as a very simple arrangement of heart and bloodvessels. The fact is, however, that the word circulation, which was used originally as a very bold method of describing the movements of the blood in the body, finally has reflected back its meaning on our ideas, so we think of the blood as simply coursing around a circle with an even easy motion. Now the fact is that the movement of the blood in the body is much more like a system of irrigation than a simple circulation such as would take place for instance, through the radiator of my automobile. The true description of the circulation would make it more like a system of irrigation, such as I think some of you may have seen sometime in your lives, on a farm. The water comes through a sluiceway, and from that there are cut ditches across the field, and then there are other ditches which collect the water and carry it on down the valley. In the body the arteries represent the large sluiceway and form a high tension reservoir from which the blood goes out through the arterioles, and through the capillaries, so that the tissues are all supplied with the blood. Then the small veins collect the blood and carry it back into the large veins which constitute a

reservoir from which blood is obtained from the heart to fill the arteries again. So we might say, the blood flows into the tissues and drains into the veins and is pumped by the heart back into the arteries. This is quite different from the conception that we gain from the use of diagrams of the heart and circulation. Of course, there is a circulation of the blood, but it is not the simple flowing of blood around the circle, that it is often conceived to be by those who have not given the subject any thought. The function of the heart is to maintain a suitable pressure in the arteries. The heart to do this may pump very little blood as happens when an animal is hibernating, or a person is in a deep sleep or coma. To maintain a suitable pressure in the arteries it does not concern itself with the amount of blood it carries forward.

In this connection, I would like to speak of a very great error of conception with regard to the pulse. We are too apt to think of the pulse as if we felt the blood flowing under our fingers. Now we do not feel anything of the kind, the movement of the blood through the arteries and the pulse are two different things. The pulse is a wave motion. If you have ever seen a brook flowing down a valley when the wind was blowing up the valley, you may notice that the waves on the brook flow in an entirely different direction from that in which the water flows. So the wave motion in an artery has nothing to do with the movement of the blood. You can prove that very definitely by compressing the artery so that no blood can pass, and yet just above where you press you can feel the pulse. The blood flows through the artery in a fairly even stream, while the pulse is a wave motion and comes along in jerks. Every time the wave travels under the finger you feel a beat of the pulse while the blood runs along with a quite steady motion. The even flow of the blood is provided for by the elastic walls of the arterial system. With this chain attached to the skylight I can illustrate the wave motion. You will notice the motion of the chain as I shake it is a wave that runs up to the ceiling and down again. You can follow it with your eye, and yet the chain remains just in the same place all the time. The wave motion has nothing to do with the movement of the chain as a whole. The clinical importance of this conception is that we have to judge of the satisfactory condition of the circulation by other things than the pulse. It explains why sometimes patients, who have

what we call a rotten pulse, may show no general signs whatsoever of failure of circulation. There may be no edema, no shortness of breath, yet the wave motion of the blood may be very slight. While on the other hand the wave motion may be very striking, and yet the movement of the blood so unsatisfactory that the patient is suffering from all the different symptoms of a lack of movement of the blood from the arterial system into the tissues. This conception of the circulation that I have tried to instil into your minds, and this conception of the pulse are things that have come more particularly to my own attention in the last few years, and they seem to me true. I do not mean to say, that the movement of the blood is absolutely even, what I mean to say is, that it is practically even, and infinitely more even than we would think did we not discount this wave motion. When a vessel is cut across the removal of the natural resistance exaggerates the slight irregularity of flow that corresponds to the pulse wave motion.

Case 1. This patient, Mrs. M., is suffering from a condition of primary low arterial tension due to primary trouble with the heart itself. As far as we can learn from her history and from the conclusions that we draw from the urine, she did not suffer from a previous high arterial tension; the heart condition was primarily one of debility and failure of nutrition of the heart muscles. As far as we can judge, she gradually developed a weakness of the heart muscle so that some slight strain such as is liable to come to anybody, caused the heart to become dilated and stretched just as an old piece of rubber will stretch. This was her condition when she came into the hospital. Under the care she received here, and the remedies that she was given the heart contracted and the murmurs disappeared, and as long as she did not do anything she was practically well. A few days ago, for reasons that we do not know, the heart again failed in its work, again became dilated and the murmurs returned so that without any apparent strain she has developed a dilated heart, a very low arterial tension, and all the conditions that go with that condition. Her feet are swollen and she is somewhat cyanosed.

To test the pressure in the arteries we find out how much pressure it takes to shut off the flow of the blood through the arteries. To do that we surround the arm with a soft rubber bag, and then we pump air into it until the pressure is great enough to prevent the flow of the blood. The amount of pressure in the rubber bag is measured by some form of apparatus which is designed to measure pressure. We ordinarily use the column of mercury, but you can also use a little pressure gauge of any kind. Here is the air bag which surrounds the arm, and this is the column of mercury which is to

find out how much pressure there is in the bag. I have my hand on her pulse, and will gradually increase the pressure with this rubber bulb until the pulse is lost at the wrist, which means that the blood current is cut off. When this happened the mercury was lifted 140 centimeters, which measured the pressure of air in the bag. Now as to the usefulness of this form of mechanical apparatus for measuring blood pressure. It is very easy to overestimate the importance of the blood pressure apparatus and of other things that some men justly call "medical toys." This woman's blood pressure I am sure has temporarily increased quite a number of centimeters, as shown on the column of mercury, because of the amount of attention we are giving her, and because of the excitement of having the examination made. I believe that if this is left on her arm, and some one comes here quietly without attracting her attention, he will find the record in the neighborhood of 100 or less, while just at this time the tension has gone up. It does not mean that she has a tension of 140, it means that the heart responded for a few minutes to nervous stimulus to this extent. For this reason these pieces of apparatus for testing the blood pressure are only of limited value in unskilled hands. I find that the fingers are just as good for testing the blood pressure. When I first examined this patient just now, the pressure was very little, now it is quite considerable, in half an hour it will be very little again. There is not the slightest doubt in my mind that she is suffering from low arterial tension, and that the estimation at just this moment shows a fair degree of tension only on account of nervous stimulation.

Case 2. Mrs. S., of whom I have talked to you a number of times, is suffering from a disease which is an example of secondary low arterial tension. That is, she has had for a number of years a condition of life which has required very hard work, and a good deal of worry. She developed a chronic trouble with her kidneys. The ordinary chronic nephritis or contracted kidney. That is shown very distinctly I am sure by the urine which on admission was 1020 instead of 1025 as in the previous patient. She went on for a long time with this kidney trouble and high arterial tension. The heart was hypertrophied and compensated for this demand of pressure by becoming large and its walls much thickened. Then there came a time when the heart no longer responded to the demand for high pressure. The heart muscles became deteriorated and she developed a relatively low pressure, so that she suffers from all the symptoms that the other woman suffered from; their conditions are the same, but the road which brought them to these conditions are different.



Mrs. S. has secondary low arterial tension. Mrs. M. has a primary low arterial tension developing from a primary myocarditis. The clinical picture is also different; Mrs. M. has a little complicating nephritis just as anyone as sick as she is, is apt to have. Mrs. S. has chronic nephritis which is the underlying cause of her present condition. We find in Mrs. S. the same nervous phenomenon that we find in Mrs. M., that the blood pressure goes up under observation, but there is just this difference, that in Mrs. S. the blood pressure falls much more rapidly, that is, the heart is not capable of responding so long a time to this temporary nervous condition. Just while we are examining it, it falls from 180 to 150. And I think the same thing is true of her, should we make the examination during sleep or when her attention was distracted, we would find it much lower than under these circumstances. I have shown you so many cases of high arterial tension, which, as you know, are ordinarily found in our typical cases of Bright's disease, that I will not take the time now to show one.

Last week we took up the subject of pneumonia, and I said at that time, that I would show you cases as they come along, and a case which illustrates our subject is:

Case 3. This man, T. R. He is 28 years old, and is a laborer. He was taken with a chill last Saturday, up to that time he had been pretty well. He had a sharp pain in his side, and a high fever. His temperature as you see has been about an average of  $103\frac{1}{2}$  reaching 105 and at the present moment is  $104\frac{3}{10}$ . Upon examination we find that the right lobe of the lung is consolidated and the case is therefore a perfectly typical case of acute lobar pneumonia. The sputum is also typical, it is the so-called prune-juice sputum, that is, it is mixed with blood. Upon testing his blood pressure we find that it only reaches about 105, so that in this man we find primary low arterial tension due to the exhaustion of an acute disease. This makes the outlook for recovery very bad. The examination of his blood shows no increase in the white cells and over 90 per cent. of those present are polynuclears. The former condition shows no attempt on the part of the system to resist the disease and the latter a severe infection.

What I want you to remember is this idea of the circulation as a system of irrigation rather than simply a flow of the blood around a circle. And I want you to remember about the pulse being a wave motion, and not entirely due to the flow of blood through the artery. I also want you to remember the two forms of failure of the circulation. The primary failure which we find in diseases of the heart and in all forms of acute and wasting disease, and the failure that comes through exhaustion of the

circulation because there has been too great a demand of blood pressure on the part of the system.

## Clinical Department.

### A CASE OF SYMPHYSIOTOMY.\*

By Nevin B. Werst, Egg Harbor City, N. J.

Mrs. John K——, aged twenty-six, white, a primipara, expected to be confined June 18, 1905.

I first saw this woman on June 15, 1905, at her home, four miles out from Egg Harbor, N. J. She was well and happy at that time. I next saw her on June 30, 1905, having been sent for. The messenger stated that Mrs. K. had "cramps." She complained of pains in the upper part of the abdomen, a great deal of pain in the small of the back, headache and some nausea. Both feet and ankles were swollen, the right painfully so. Labor had not then begun.

On July 1, 1905, an examination of the urine was made. All that I can remember about it was its high specific gravity, which was something like 1034. A trace of albumen being present. July 3, 1905, 11 P. M., I was again sent for, labor having begun at 8 o'clock and was slowly progressing. The os was rigid and undilated. The head was presenting, trying to engage at the pelvic brim. I diagnosed the position as an L. O. A. Thinking that I should not be needed before morning I returned home.

I next saw the patient at 11 o'clock in the morning of July 4, 1905. Pains were still coming slowly and the os was dilated to about the size of a quarter of a dollar. I left and returned at 5.30 in the afternoon. She was in active labor at this time and I thought she would be able to deliver herself in an hour or two. An examination showed the head still trying to engage. The os was dilated sufficiently to admit the hand. During this examination the membranes ruptured and the liquor amnii escaped. I waited until 10 o'clock P. M., but there was no progress. The patient and her husband were getting excited, even desperate, and the latter told me that something had to be done. I next tried Walcher's position on a small kitchen table and waited until midnight, but there was no advance nor engagement of the head. Version, next came to mind, but the membranes had been ruptured seven hours before, and beside I was not sure as to how I could deliver the after-coming head. I did not want to lose the child. Both the patient and her husband were very desirous of having a living child. Forceps were next tried. I chloroformed the patient myself for the application of the forceps, as I did for the subsequent operation. After an hour or more of hard work, with the forceps, I gave it up and told them that they would have to sacrifice the child for the mother. I thought that by this time, perhaps, the baby was dead. They told me to do all I could and what I thought was best.

I remembered having seen one case of symphysiotomy and decided to run the risk of doing the same operation. Thinking still of saving the child, if alive, as well as the mother. As far as I could determine the pelvic measurements were not

\*Read before the Atlantic City Academy of Medicine.



disproportionate. There was, however, a disproportion between the foetal head and the pelvic brim, although it was not so great but that a moderate enlargement of the brim would allow the foetal head to engage and the birth to proceed. Walcher's position had been tried and the patient was still on the kitchen table, so I decided to do the symphysiotomy. The preparation of the patient was as follows: The hair on the pubis was cut as short as possible with scissors. The external genitals were washed with soap and water, followed by a solution of bi-chloride. A vaginal douche of bi-chloride was given, and the patient catheterized. The instruments I had at hand were two Kelly hemostats, a knife, and a blunt bistoury, scissors, a needle-holder and needle. An incision was made over the symphysis pubis about two inches long, down to the bone. The tissues above the joint were pushed away with the knife handle. Then, with the blunt bistoury, I cut the cartilaginous union from below upwards, the knife hugging the under surface of the joint closely. It required considerable force to cut the joint, but at length the bones were separated.

Hemorrhage was slight. I packed a piece of iodoform gauze in the incision, and between the cut ends of the pubic bones. The bone separation was about two inches. An adhesive strip three inches wide was applied across the front of the body over the trochanters, so that during delivery the bones would not separate too much. The forceps were quickly applied and, after some traction, a living male child, weighing thirteen pounds, was delivered. The child was in the left oblique position with the occiput posterior, although I had thought it anterior. At delivery the face swept out over the pubis. The blades of the forceps were applied to the sides of the face. The placenta was quickly expelled. There were tears into the left vaginal wall and perineum, which required two sutures each. The adhesive strap was cut, the gauze packing removed, and the cut ends of the bones brought in apposition. Three adhesive straps, each three inches wide, were applied around the entire body, overlapping each other an inch. Box binder applied and patient put back in bed.

I saw the patient thirteen hours after delivery, and catheterized her. After this there was involuntary micturition for four days. I was afraid that some injury had been done to the bladder or meatus, but the next morning the patient voided 40 oz of urine. Five days after delivery the temperature reached its highest point, 102 $\frac{3}{4}$ , in the evening, and after that came rapidly down.

On the fifth day there was considerable distention from gas. There had been no bowel movement, so an enema of Epsom salts, milk of magnesia and spirits of turpentine was given. This relieved the tympanites and was followed by a copious dejection, after which she was very comfortable. She went along nicely until the eighth day, when the wound was dressed and the stitches in the pubic incision removed. There was good skin union. Ten days after delivery the vaginal and perineal stitches were removed, after which her progress toward recovery was uninterrupted. The patient was in bed on her back five weeks. After this time one adhesive strip was cut each day. She sat up in bed and in chairs for another week. She got up and about slowly, and was doing her household duties when I last saw her. There has been no pain on walking or lifting baskets of fruit, etc.

## A CASE OF DOUBLE EMPYEMA.—(Empyema Duplex.)

By Arthur Stern M. D.,

*Surgeon to the Alexian Brothers Hospital,  
Elizabeth, N. J.*

In number 45 of last year's *Berliner Klinische Wochenschrift*, Hellin publishes a case of double empyema. He reviews the literature and finds only 114 cases of empyema reported with double localization. Laache reports in this year's third number of the same Journal, two cases.

It has been my good fortune to operate on a similar case. Among a good many empyema operations during the last ten years in my service at the hospital, this has been the only one where both sides were affected.

Without further comment on the etiology and prognosis of these cases, I report the following history:

Owen Mc.—, 9 years old, had always been well until February the 28th, 1904, when he was taken sick with a chill, pain in the chest, and cough. He was treated at home at first, and on the 5th of March, through the kindness of Dr. Horace R. Livengood, was sent into my service at the Alexian Brothers Hospital. His temperature on admission was 104, pulse 144, respiration 52.

Percussion of right chest showed flatness extending in front from the lower border of the second rib down to the liver. Behind the flat area extended very nearly over the whole lung. Left chest showed flatness behind only in the lower portion.

Auscultation of the right side. In front, at upper border of the second rib, fine grating sounds.

Respiratory sounds feeble, absent in lower portion of back.

Sonorous and sibilant rales were heard, also some moist rales.

In the left chest, behind, there were rales and fine grating sounds.

Heart, not enlarged; second pulmonic sound accentuated.

Abdomen: spleen, liver negative.

Exploratory puncture or right chest showed pus.

Thoracotomy with resection of rib was performed under ether anaesthesia, and large quantities of pus were removed. The temperature fell, but did not reach normal; instead of that, it started to rise again on the 13th of March. Examination of the left side showed an increasing area of flatness on percussion. An exploratory puncture showed pus, yet, as the boy seemed very weak, I thought it would be safer to wait until the right lung had pretty nearly recovered its original breathing capacity. On the 28th of March thoracotomy with resection of a rib, under ether anaesthesia, was performed on the left side. The temperature became normal and the boy was discharged cured, and in good condition, on the 8th of May, both wounds having perfect cicatrization.

218 East Jersey Street.

**Ship's Hospital on Deck.**—The new twin-screw steamship *Brazile*, of the *Veloce* Line, has a pharmacy, operating room and hospital on the upper deck.

### SCOPOLAMINE AND ITS CONGENERS.

Two factors contribute to the uncertainty which now attends the internal administration of the solanaceous alkaloids; the first is the variability in the drugs themselves, the second is the existence in some patients of a special susceptibility to their physiological action, and, in fact a liability to the appearance of toxic symptoms from doses much smaller than the average. With regard to the principal member of this group, atropine, it is known to contain in its commercial form a variable proportion of hyoscyamine, which is isomeric with atropine, but physiologically decidedly less active. In the same manner (as pointed out by Dr. John V. Shoemaker), commercial scopolamine has been shown by Hesse to contain a variable proportion of an analogous alkaloid, atrosine, which is isomeric with scopolamine and hyoscyne, but differs in its physiological action upon animals and also presumably upon the human subject. The explanation of the divergent results obtained by different experimenters with scopolamine evidently is to be sought for in this direction. This difference may be dependent, at least in part, upon the source of the drug. It has been stated, for instance, by Mays, that there are demonstrable differences in the physiological effects of caffeine obtained from coffee and caffeine derived from tea. The alkaloid extracted from *Aconitum napellus* grown in Japan or Switzerland has much greater physiological action than the aconitine obtained from the same plant grown in England. Even different specimens of apparently pure aconitine, made by the same chemist and in the same manner, vary greatly in toxic property (*U. S. Dispensatory*, Eighteenth Edition, p. 108). Now, the alkaloid to which Schmidt gave the name scopolamine is extracted not only from different species of scopolia, but also from the seeds of hyoscyamus, the leaves of duboisia, the seeds of stramonium, and the root of belladonna. In these it is associated with the other mydriatic alkaloids. It has been stated that it is made commercially from hyoscyamine. Roctilas, of the Pharmacological Institute of Dorpat, declares, as the result of his studies upon this subject, that "the preparations known under the name of hyoscyne are nothing but scopolamine more or less impure. The impurities in question have no great significance from a chemical point of view, but they alter sensibly the physiological effects which pure scopolamine produces upon the human subject." In its effect as a mydriatic, scopolamine is from five to ten times as powerful as atropine.—*New York Medical Journal*.

### THE INTERNAL USE OF SCOPOLAMINE.

The effects of scopolamine upon the cerebrospinal nervous system show total divergence both in effects and in dosage. Thus, atropine is a stimulant, especially to the centres for the circulation and respiration, and is valuable in shock; scopolamine is a sedative and hypnotic, and depresses the centres in the brain and spinal cord, making it useless in insanity and insomnia. Therefore morphine is antagonistic and antidotal to the former, and synergistic and not antidotal to the latter. A case is on record in which one grain of atropine was swallowed by mistake, and when toxic symptoms first appeared, morphine was given freely, in fact sixteen grains were given in all, with recovery of the patient.<sup>1</sup> Just the reverse would happen if an individual should swallow a correspondingly large dose of scopolamine, and the

morphine treatment were given, in place of diffusible stimulants and excitomotor agents to overcome its depressing effects. The average dose of scopolamine hydrobromidum in the present *U. S. Pharmacopœia* (Eighth Decennial Revision) is given at half a milligramme (1-128 of a grain), for internal use. A number of cases have been reported of toxic symptoms produced by much smaller doses of this drug, when used as a mydriatic, and also when administered hypodermically, which are quite sufficient to establish the fact that to its action many individuals are particularly susceptible. Hayem declares that it is contraindicated in cases of heart disease. Others have pointed out that it is unsuited to the very young and to elderly people and also to subjects of nephritis. A certain degree of caution, therefore, should be exercised in using this popular combination of scopolamine and morphine for the purpose of inducing general anaesthesia, as they are both powerful narcotic agents. As pointed out by Dr. Shoemaker, the doses recently employed, in some cases, seem to be excessive and dangerous.—*New York Medical Journal*.

<sup>1</sup> *Philadelphia Medical Times*, Vol. XIII, p. 377.

### THE EFFECT OF TOBACCO ON THE NERVOUS SYSTEM.

Taylor in *The Practitioner* summarizes the effect of tobacco on the nervous system as follows: 1, tremor is a common symptom. It is fine, rhythmic, not constant, and tends to be definite and persistent. It ceases when the use of tobacco is abandoned; 2, giddiness results from disturbance of the vagus, and is associated with nausea and vomiting in the novice, but not in the seasoned smoker; 3, the vasomotor effects are coldness or blueness of the extremities, with pallor of the face, and, perhaps, sweating of the forehead; 4, sleeplessness often follows excessive smoking, the individual awakening after an hour or two of sleep and remaining awake an hour or two, finally dropping into a troubled and unrefreshing sleep.

**Vegetarianism** is becoming very popular in English society circles, states an exchange, which cites a number of noble names in proof. (Not being up in these matters, we must refer the reader to the society journals for details.) Some are rigid vegetarians; others are slightly carnivorous, making a meal mostly of nuts and legumes. In "many great houses," too, fruit lunches are a customary feature.

The hashish habit seems prevalent in Egypt where the authorities are taking strenuous measures to suppress it. The customs officials have made some very clever hauls—at Alexandria over one ton, which was valued at £2,500. The indulgence in hashish is forbidden both by the Mohammedan religion and by the law. To evade the authorities, this drug is now landed in Tripoli and conveyed thence into Egypt across country. The cultivation of hashish is one of the chief resources of the Peloponnesus; and the Greeks are the principal exporters. The alarming increase of insanity in Egypt has been attributed to hashish (from which term our word assassin is derived). Some of the poorest habitues will go for days without food in order to be able to buy sufficient to send them off to the "haven of delight" brought on by a smoke.—*Medical Times*.



**Consumptive employes** in the British post office are now pensioned in the earlier stage of the disease. Thus do they have a better chance of recovery and a source of infection is removed from the department. This humane policy shines out with special distinction when compared with that of our own government at Washington, which dismisses its phthisical employes without pension. The work of the postman, so innocuous and so suitable for many cases of incipient phthisis, has cruelly been denied to such sufferers.

### THE CONTINUOUS BATH.

DR. FRIEDRICH GROSSE thus sums up the effects of the continuous bath: that it—

1. Acts quiescent upon the central nervous system.
2. Changes the circulation, in the sense of disencumbering the inner organs and diverting the blood toward the skin.
3. Favors the nutrition of and the healing processes in the skin.
4. Augments heat withdrawal greatly.
5. Accelerates metabolism.

Vast clinical experience and experimental investigations justify the assertion that the continuous bath constitutes an exceedingly effective remedy, which, though apparently troublesome to administer in some respects, justifies expectation of good success, where other, less laborious methods, fail. The inevitable inference from all this is that it would be desirable were the continuous bath to find wider consideration.—*Exchange*.

### FRUIT AND URIC ACID.

Jerome in *The Lancet*, says: 1. Pears, fresh figs, grapes, dates, and oranges may be taken not only with impunity but with distinct advantage by those who suffer from uric acid calculus and gravel. 2. The beneficial effect, which will be, *ceteris paribus*, in proportion to the amount taken, is due essentially, if not entirely, to the lessened acidity of the urine. 3. Marmalade does not raise the precipitability of the uric acid, though in the quantity likely to be taken it fails to produce the opposite effect, probably because the amount of fruit pulp is insufficient for that purpose.

### PARADOXICAL PERSPIRATION.

Zappert has recorded the occurrence of an instance of this condition in a child. By paradoxical perspiration we understand a form of perspiration which occurs only on exposure to cold and yields to the influence of heat. In the case in question perspiration was localized to the skin of the dorsum of the upper extremities, of the back, and of the anterior aspect of the thorax; the palms of the hands, the forehead and lower part of the body were not affected. This paradoxical sweating was observed to occur periodically during the winter months. It had first made its appearance at the age of two years and now seemed to be gradually subsiding. Zappert considers the condition to be a reflex neurosis and to indicate the existence of a spinal sweat centre.—*E. P. Baumann* (Johannesburg).—76, *Kersammlung Deut. Naturforscher u. Aerzte, British Jour. of Children's Diseases*.

It is not a sign of weakness to seek advice of the man who has had experience—it is a sign of good judgment.—*Exchange*.

### PUBLISHING A MEDICAL JOURNAL FOR PRIVATE PROFIT OR FOR THE PROFESSION.

There is a splendid, and perhaps unexpected result of the plan of the American Medical Association as to non-secrecy in the drugs used or advertised to the profession. It has forced into the open, or will inevitably do so, the concealed journalistic supporters of the nostrum traffic. By doing this, it will as certainly expose the so-called medical journals which do not care a fig for the medical profession they have so long deceived and exploited, and which have been published solely for the financial benefit of the owners and their compliant editors. One can never cease hammering that in the professional use and control, indeed in the professional ownership of its medical literature, lies a vast deal of the progress of medical ethics, art and science. The action of the American Medical Association cuts sharp and clear with these pseudos, and says: "On this side the sheep, upon that the goats." One of our contemporaries has come out frankly and says: "We are heart and soul with the goats, and for profits in the advertising business." Another gibes at the attempts of the "reformers," "the cackle of some young and eager reformers," criticises, charges with many innuendos that some of the American Medical Association council members are in the pay of manufacturing companies, and otherwise shows plainly its sympathies, "letting 'I dare not' wait upon 'I would.'" Come, now, gentlemen—journalists, editors, publishers, subscribers and contributors—no befogging will avail. Choose your party! Physicians must know where you stand, and writers of medical articles must know where to send them for publication.—*American Medicine*.

### Legislation for the Regulation of Fees

charged by physicians in public institutions for signing death certificates where there are insurance moneys involved, or, if possible, the abolishment of all fees for such services, will be sought by the Royal Arcanum this winter.

At a special meeting of Newark City Council, held last night, such action was decided upon, and Frederick J. Harrison, Charles T. Andruss and Aloysius E. Buecker were appointed a committee to bring the subject before the other councils of the city and to get the latter to join in interesting Senator-elect Colby with a view of having him bring the matter before the Legislature. Behind it all is a story.—*Evening News*.

### Correspondence.

NEWARK, N. J., February, 9, 1906.

To the Editor of *The Journal of the Medical Society of New Jersey*:

SIR.—Enclosed please find corrected proof. I read the February edition of the JOURNAL with interest and profit. The contribution by F. W. Corwin was especially interesting, as it presented the unfortunate conditions prevailing with regard to our pharmaceutical knowledge in a forceful and truthful manner. It is to be hoped that the stir in this direction at present may bring about a much desired improvement.

Hoping that the JOURNAL may keep up the good work begun, I am,

Yours sincerely,

H. J. F. WALLHAUSER.



## Book Review.

### DISEASES OF INFANCY AND CHILDHOOD.

By L. Emmett Holt, M. D., Sc. D., LL. D.

Professor of Diseases of Children in the College of Physicians and Surgeons (Columbia University), New York; attending physician to the Babies' and Foundling Hospitals, &c., &c., with 241 illustrations, including 8 colored plates. Third edition, revised and enlarged; 8 Vo., Cloth, PP. XIX-1174, \$6.00 net. New York and London. D. Appleton & Company, 1906.

So well known and generally used is this book that a critical review of it is scarcely necessary. Appearing first in 1897, in the space of 8 years, it has reached its third edition and, for a work of this class, the well-nigh unprecedented sale of over 50,000 copies.

Whatever Professor Holt attempts he does well and thoroughly. His writing, like his teaching, is concise, clear, and unprejudiced. This quality, added to indefatigable industry, has produced a standard text book of especial value to the man in general work. The third edition has been completely revised and largely rewritten. Much new and valuable matter having been incorporated in the book without materially increasing its size. New illustrations have been added and better ones have replaced some of those in the earlier editions. The rewriting so much of the work and the incorporation of so much new matter without greatly increasing the bulk is an especially praiseworthy feature. Many two and three volumes treatises contain far less practical and useful knowledge than this one volume.

It is a credit to the book makers' art, compact, handy, and of moderate price.

### OSLER IN LITERATURE—A CRITIQUE.

By Alexander McAlister, M. D.,  
Camden, N. J.

It is the fate of some men to be known by their lesser, instead of their greater, achievements, and among these men may be numbered Dr. William Osler. While he will probably go down in popular annals solely because he jocularly said that all men who have attained the age of sixty years should be extinguished by means of chloroform; he is known to many medical men for more substantial sayings; to say nothing of personal triumphs in medicine and literature. To make the real Osler known to all men, and, if possible, to save him from the questionable fame of perpetrating a ghastly jest, C. N. B. Camac, of New York, has made selections from Dr. Osler's writings and compiled them in a little volume entitled "Counsels and Ideals from the Writings of William Osler."

The book will impel most professional readers to seek the complete addresses from which the selections were made, but in the absence of the complete expressions the fragments will reveal Osler as one of the most tolerant among men and as a physician without other than the most cordial good will for all fellow-physicians who are trying to help suffering humanity. Without being either "preachy" or prosy, Doctor Osler deals in sentiment, but it is sentiment tried and re-applied to

professional situations, and his thought will cheer and inspire even those professional men who imagine themselves to be totally callous.

The general divisions of the book are "Exemplary Characters in Medicine," "History and Biography," "Pioneers in Medicine," "The Humanities in Medicine," "The Practical in Medicine," "Catholicity in Medicine," "Honesty, Truth, Accuracy and Thoroughness in Medicine," "Encouragement and Influence in Medicine," "Silence and Self-Control," "Patient Devotion to Duty and High Ideals," "Charity and Fraternity in Medicine," "Value of Travel," "The Practitioner of Medicine," "Cupid and Marriage," "Work," "Man's Years of Usefulness and How He May Prolong Them." (No chloroform here, for, read the following): "The teacher's life should have three periods: study until twenty-five, investigation until forty, profession until sixty, at which age I would have him retired on a double allowance."

The remaining divisions of the book are: "Religion, Death and Immortality," and "Varia."

The compiler wisely urges the reader to look up and, if possible, read all the lectures and addresses from which these extracts were taken, and he gives a list of the references, forty-seven in all.

Doctor Osler, in the first division of this compilation, is quoted as saying that the late Dr. William Pepper had "Lucidity of thought, clearness and propriety of language, freedom from prejudice, freedom from stiffness, openness of mind and amiability of manner."

Dr. Oliver Wendell Holmes is quoted by Dr. Osler as saying he had learned three things in Paris: "Not to take authority when I can have facts, not to guess when I can know, and not to think a man must take physic because he is sick."

Osler is a book-lover. He says "Start at once a bedside library and spend the last half hour of the day in communion with the saints of humanity. There are great lessons to be learned from Job and from David, from Isaiah and St. Paul. Taught by Shakespeare, you may take your own intellectual and moral measure with singular precision. Learn to love Epictetus and Marcus Aurelius."

I have given enough of Osler. I trust to whet the appetite for more of his wholesome thoughts. This book of extracts is marked on every page by breadth of learning, depth of feeling, and wide experience. Osler may never be known to the laity except as the man who has prescribed an overdose of chloroform for every one over sixty years of age, but to the readers of his works he administers an elixir of joy and usefulness, if not of youth. A thorough index is a valuable part of the book.

\*Houghton Mifflin Co., Boston & New York, 1905.  
277 pages. \$1.25.

The State of New Jersey, at the relation of the Board of Health of Hamilton Township, began a suit in the Court of Chancery, January 29, to restrain the city of Trenton and the Trenton Board of Health from erecting the new municipal hospital in Hamilton Township, near Greenwood Cemetery. The bill filed shows that the action of the city authorities in working for the erection of the new hospital for contagious disease should be restrained because the hospital will constitute a dangerous nuisance.—*Newark Evening News*.

# THE JOURNAL

OF THE

## Medical Society of New Jersey.

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**MARCH, 1906.**


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*Each member of the State Society is entitled to receive a copy of the JOURNAL every month.*

*Any one failing to get the paper promptly will confer a favor upon the Publication Committee by notifying them of the fact.*

*All communications relating to the JOURNAL should be addressed to the Committee on Publication, 794 Broad street, Newark, N. J.*

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### WICKEDNESS WELL ENTRENCHED

\$250,000,000 is the estimated invested capital of the proprietary medicine business which holds, so we are told, the press of this country in practical slavery. Why? simply because the proprietors of these interests spend a larger share of their ill gotten gains in advertising than other manufacturers, who receive a fair profit from an honorably conducted business, can afford to spend.

To the everlasting and undying shame of the daily press—and shall we dare breathe it?—to that of a large portion of the medical press, it must be said that the filthy dollars of the patent medicine man and of the professional abortionist are too great a temptation.

Many a struggling country paper would die without these advertisements, not to mention a horde of so-called medical journals. On the other hand, without advertising, the infamous nostrum traffic could not live six months.

Of course they own the secular and a large share of the medical press. They have paid for them and they intend to make all the use of them that "the traffic will bear." How will this all end? Will the unholy alliance between the secular press and the Pharisees of the medical press on the one hand and the unprincipled patent medicine makers and vendors on the other

always prevail against truth, decency and common sense?

God forbid! Even now we "see a little cloud that ariseth out of the sea like a man's hand." Truth, justice, decency are not dead in America. Graft is everywhere, it is true, it is bolder, more aggressive, more general than ever before. But there are many men both in and out of the profession who have not bowed the knee to Baal. In the secular press *The Ladies' Home Journal* and *Collier's Weekly* are leading the way. Can we do less than follow?

### THE TUBERCULOSIS EXHIBITION.

No doubt most of our readers will agree in saying that the fight against the great white plague in the State of New Jersey has been considerably strengthened by the action of the Newark Board of Trade in bringing to Newark the Tuberculosis Exhibition and engaging so many speakers, some of them of international reputation, to instruct the public in the scientific, and we might add the only, method of combating this enemy of our race.

To us the most encouraging feature of the situation is the keen interest which the public take in this important question. We feel confident that a few years ago no such large and interested audiences could have been assembled in the city of Newark to listen to scientific lectures on this subject as have greeted the speakers during the recent exhibition. Nor would the same intelligent interest have been displayed in the exhibits.

It will be only one step after people have learned that by hygienic living they can conquer this disease, to the knowledge that by such living they can avoid practically all disease. It will be a material advance toward the millenium when the masses shall learn by practical demonstration the advantages of fresh air, exercise, cleanliness, temperance, in short: physical righteousness.

We congratulate the Newark Board of Trade and its special committee upon the unquestioned success of its undertaking.

### THE TRUTH IS KNOWN AT LAST.

All good men must rejoice to know that the real reason for the excessive expenditures of the life insurance companies has been found out. The waste was caused by their munificence toward their medical examiners. We pointed out in our October issue that the New York Life Insurance Company had been obliged to retrench in the matter of fees to the medical examiners in order to give \$50,000 every year to the Republican campaign fund. By this morning's mail we are informed that the Mutual and the Equitable are following this example, and are told that we are expected to take a reduction in our fees for examinations because the companies can no longer pay a just and reasonable fee. Of course all the extravagance, mismanagement and corruption of which these companies have been found guilty was our fault and we must bear the consequences.

How beautiful is justice! How noble these officials must feel as they fasten the responsibility where it really belongs. The stealing was done to pay the doctors.

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### "OUR CENSORIOUS CONTEMPORARIES."

Under this alliterative title our esteemed contemporary, the *New York Medical Journal*, (incorporating several other once decent medical publications, now alas! all managed by the same advertising agency) chooses to class us together with the *Journal of the American Medical Association*, the *California State Journal of Medicine*, the *Pennsylvania Medical Journal*, and the *Maryland Medical Journal*. At any rate we are not ashamed of being in such company. Had we been classed with some other publications, that could be mentioned, we should not have been especially thankful. As to the imputation of "censoriousness" we are inclined to be thankful for that too. Certainly if our esteemed contemporary is so anxious to be advertised that he is thankful for being held up to the scorn of good men for his attitude in regard to the advertisement of nostrums, we might be thankful

to be advertised as opposed to such a course. Tillotson said that: "Censoriousness and sinister interpretation of things, . . . render the conversation of men grievous and uneasy." It seems that we have helped to render our esteemed contemporary quite uneasy. Albeit very thankful. His peculiar attitude reminds us of an old story of a hunting party who had passed a rule that the first man who was "censorious" with regard to the cooking would have to do the cooking himself. The cook for his part was "tired of his job," and, as no one was willing to relieve him, began putting on the table the most unsavory mixtures; which, however, were received with unfailing commendation. At last he skilfully abstracted the center of the yolk of an egg and supplied its place with red pepper. The egg of course appeared as though nothing had happened to it. When it was bitten into, however, the biter jumped up into the air with a loud exclamation, that we need not quote verbatim, adding, nevertheless, as soon as he could recover his breath, "But I like it, I like it very much."

So our contemporary "likes" our gentle criticisms and as he watches his advertising pages grow, makes the condemnatory remark about the profession, at least about that portion of it that is disposed to be honest and decent, that the late Mr. Vanderbilt once made about the public.

He reminds us of a juggler who is trying to keep five or six balls in the air at once, while he balances a sword on the end of his nose and sings Annie Laurie. He says himself in an editorial under the title, "Mysticism in Medical Practice," immediately preceding the one which has called forth these remarks, "There are patients who will not endure verbal jugglery on the part of a physician," from which it is plain that he believes that the best of the laity have both more sense and more honesty than the profession. While he assumes to be the moral, intellectual and professional guide, philosopher and friend of all doctors whatsoever his hands are red with the blood of decent medical journalism, which he is doing his



best to murder. In an editorial in his issue of January 27, 1906, he inquires whether the doctor is an "easy mark" and states that "business men commonly regard the doctor as little more than an amiable fool where the investment of money is concerned." Is not subscription to a medical journal an investment of money?

Could it be possible that the advertising agency that controls our esteemed contemporary is composed of business men?

The doctor may be an "amiable fool," decency in medical journalism may be dead and calling nostrums, quacks and fakirs by their right names may be "censorious." We believe, however, that there is something to be gained beside the approval of our own consciences by standing up for decency and common sense in the conduct of medical journals. If our neighbor really is thankful for our criticisms of his methods we will take care that he has much to be thankful for.

### BLIND LEADERS OF THE BLIND

The attitude of many medical writers toward the science of personal hygiene is tantamount to a confession that they know nothing about this important subject. With one breath they will admit that prophylaxis is a far more important branch of our art, from every point of view, than clinical medicine and with the next will give utterance to such sentiments as the following:

"Those who best illustrate the seeming results of hygiene have habitually broken almost every rule of prudence in sanitary living. There is no surety that the study and practice of healthy living will make one live longer or as long as some peasant who has been wholly ignorant of these laws and who has broken them every day in his own practice." (*American Medicine*, Dec. 16, '05. Editorial.) In the editorial columns of *Medicine* for January, 1906, after quoting freely from Mark Twain's humorous speech delivered at the banquet given him on his seventieth birthday, the editor concludes as follows: "We are not quite sure that the remarks of Twain are very il-

luminating or that they conduce very much to longevity, but they are up to the average level of those who have attained to advanced years, and who undertake to enlighten others on how they did it."

This utterance is perhaps meant for sarcasm and probably should not be taken too seriously. For our part we enjoyed reading Mr. Clemens's speech very much; as we have many other foolish things that he has put in his inimitable way; their absurdity being their chief charm. Nevertheless, we deplore any attempt on the part of medical writers to make sport of a subject so serious and apparently so little understood by both the laity and the profession. Any one who will take the trouble to read Cornaro's life or the books of Fletcher, Dewey, Rabagliatti, Chittenden, Mrs. Henderson, Crandall, George Cheyne, Hancock and others can very easily tell how to prolong his days. The essence of the matter is so simple and obvious that it is, perhaps, no wonder that the majority of professional writers seem to have overlooked it altogether.

They appear to be entirely unable to see the woods on account of the trees. As old Dr. Tanner remarked, "The history of medicine shows that not infrequently when the plain-common-sense truth stares us in the face, we prefer turning aside in order to advocate or establish a theory, the only charm of which is its improbability."

If human life cannot be prolonged far beyond the average, if people cannot be made stronger, wiser and happier by observing the *known* laws of health, then the universe is topsy-turvy, man is exempt from the action of all natural law and the study of medicine and of science is foolishness; because one principle object of such study is to ascertain and apply the knowledge of the natural laws underlying all life to man's existence in this world. And if we cannot live longer and more happily by observing these laws than an ignorant peasant who never heard of them, or if the remarks of a professional joker, in his most jocular vein, are as valuable as most of the information which has been given by people who have

reached old age, as to how they accomplished it; it is plain that two and two no longer make four, and that the inevitable law of cause and effect has no connection with human existence.

Away with such foolishness! We must clear our minds of such anachronisms and our brains of such cobwebs before we can apprehend the true science of living, much less teach it to our patients.

### DIET.

The same ambiguity obscures the questions of what and how much a man should eat and drink that beclouds the regulation of his other habits.

So good an authority as the elder Flint is quoted as saying, "Do not adopt the rule of eating only at stated periods: twice or thrice daily. Be governed in this respect by appetite and eat whenever there is a desire for food. Eat in the morning or at bedtime, if food is desired. . . . Never leave the table with an unsatisfied appetite." In our opinion more pernicious advice was never given. Our appetites, like our lungs, are far too large for our artificial and restricted manner of life. Furthermore, we have pampered and stimulated our natural desire for food until the appetite is in no sense a safe guide.

Of course there is more than one signification to most words. The good doctor undoubtedly referred to an appetite that has never been spoiled or over indulged. But who has such an one? We are willing to admit that an occasional very abstemious person may have such a thing. Certainly, however, it is very rare. These remarks of Dr. Flint's are quoted with approval in an editorial in the *Journal of The American Medical Association*, Dec. 23, '05, and show that same spirit of carelessness or ignorance of matters of personal hygiene of which we have already spoken.

The leading minds in medicine have ever been aware of the fact that man habitually eats too much and gradually falls into the pernicious but all-prevalent habit of pam-

pering and stimulating his appetite. Abernethy said: "One-fourth of what we eat keeps us and three-fourths we keep at the peril of our lives." A statue was erected to Antonius Musa in Rome for having cured the Emperor Augustus by putting him on the Pythagorean diet. Pythagoras was adjudged by a public decree of the Roman Senate to be the wisest of all the Greeks. "It was on prevention of illness that the physicians of the Pythagorean school were the most exact; measuring the quantity of victuals and of drink, of exercise and of rest, by rule; determining the choice and manner of preparing what they allowed, and making use more of external than other medicines." (Extract from a discourse by Antonio Cocchi, delivered at Florence in 1743.)

Not the Emperor Augustus alone, nor Cornaro, nor Horace Fletcher, but thousands of people have been cured of serious and deadly ailments by a regulation of their diet and mode of life. For that matter, what is the wonderful modern improvement in pediatrics, whereby infant mortality has been so reduced, except a regulation of the diet? What is the modern treatment of tuberculosis except diet and fresh air? And yet we have quoted from the editorial columns of three of the leading medical journals of America, utterances, made within the past three months, to the effect that regulation of the diet is nonsense, that the rules for attaining old age are of little value, and, by inference at least, that a study of personal hygiene is a waste of time.

"Let us eat and drink for to-morrow we die" seems to sum up their rules of life.

### THE QUESTIONS OF HEALTHFUL LIVING ARE NOT APPROACHED IN THE RIGHT SPIRIT.

It is not that any intelligent person cannot know the truth if he would. It is that many prefer not to know it.

That Paracelsus well understood this weakness of human nature he showed by his oft-quoted remark, "He who treats disease by diet is weak in medicine and forgets

that diet ends in dung." And our Mother Eddy is credited with the following gem: "The less we know or think about hygiene, the less we are disposed to sickness."

Listen now to an extract from the prospectus to George Henry Lewes's work, the "Physiology of Common Life," published in 1849: "No scientific subject can be so important to man as that of his own life. No knowledge can be so incessantly appealed to by the incidents of every day, as the knowledge of the processes by which he lives and acts. At every moment he is in danger of disobeying laws which when disobeyed may bring years of suffering, decline of powers, premature decay. Sanitary reformers preach in vain, because they preach to a public which does not understand the laws of life, laws as rigorous as those of gravitation or motion."

Secchi has said: "If anyone maintains that there exists in the living animal a vital force, a source of energy independent of the ordinary molecular forces, and that there exists among them a chemistry different from that of inorganic bodies, he is wrong."

These are practical days. People are tired of abstract science and of abstruse knowledge. As Stanley Hall says, "The day of the mere professor who deals in knowledge is gone and the day of the doer who creates has come."

We must first master the problems of sanitary living ourselves and then teach them to the people. We hear inquiries on every side in regard to diet, bathing, ventilation, exercise, and so on. Are we fitted to answer them, and if not, why not?

### MILITARY HYGIENE.

Hygiene is to be regularly taught in future at West Point. A department of military hygiene has been established there and the senior medical officer on duty at the academy is constituted head of the department and a member of the Academic Board. According to the *New York Medical Journal* this is the first creation of a new academic department at the "Point" in fifty-seven years. Our contemporary continues:

"The seating of a medical representative on the Academic Board is of much importance, insuring, as it is expected to do, a serious and practical course of study in military hygiene in place of the perfunctory and somewhat farcical lectures on alcoholic pathology which were some years ago injected into the curriculum by an act of Congress, inspired, it is said, by the benevolent activities of the W. C. T. U."

### Notices From Scientific Committee.

*The Reporters of The County Societies are reminded that their duties begin on the first day of July following their election. The Committee on Scientific Work especially desires this year to have a full and complete report of all matters of medical interest occurring in each county in the state, and take this means of urging upon each reporter the necessity of beginning to write his report now if he has not already done so. The reports should especially deal with epidemic diseases; climatic and hygienic questions; the action of the local health authorities; the condition of the milk and water supplies; etc., etc. In short, taken together, they should give at a glance a good resumé of the health conditions of the State during the preceding year. Social conditions, the growth of the county societies, deaths and marriages of members, etc., should also form a part of each report.*

*Reporters who send in their reports one month before the meeting of the State Society thereby become entitled to sit as annual delegates in the meeting.*

*The Committee on Scientific Work desire good papers for the next annual meeting. Members intending to contribute will please send their titles to the committee as soon as possible. All papers should be type-written and must not take over fifteen minutes in reading. Address, Talbot R. Chambers, M. D., Commercial Trust Building, Jersey City.*

### State Society Notes.

#### Additions to Membership, Deaths, Removals, Etc.

*The secretaries of the county medical societies are requested to forward each month to the secretary of the Medical Society of New Jersey a list of new members, deaths, removals, etc. Cards for this purpose have been sent to each of the county secretaries. Additional cards can be obtained on application to Wm. J. Chandler, South Orange, N. J.*

### PRIZE ESSAY.

This prize was instituted by the Medical Society of New Jersey at the annual meeting in 1905, and is open for competition to the members of the Component (County) Medical Societies.

The subject chosen is "The Symptoms,



### Etiology, Pathology and Treatment of Pneumonia."

The essays must be signed with an assumed name and have a motto, both of which shall be enclosed in a sealed envelope containing the author's name, residence and component society.

The essay shall contain not more than 4,000 words, and must be characterized by originality in investigation and thought, and by clearness and conciseness of expression, and be, in the judgment of the committee, of decided value to the members of this society, and to the profession generally. Failing in these respects, no award will be made.

The essays, which should be type-written, with the sealed envelope, must be placed in the hands of the committee on or before the first day of May, 1906.

The committee will select the first two essays in order of merit. To the first will be awarded the prize of one hundred dollars, to the second that of honorary mention.

The unsuccessful authors will receive back their essays upon their identification to the chairman of the committee. The successful essay will be the property of the society and be published in its transactions.

CHARLES J. KIPP, Newark, *Chairman*.

WALTER B. JOHNSON, Paterson.

DAVID C. ENGLISH, New Brunswick.

*Committee.*

### Married.

**Louis Weiss, M. D.**, Newark, N. J., to Miss Henrietta Epstein, of New York City, January 11.

**Thomas Glasgow, M. D.**, of Greenwich, N. J., to Miss Elizabeth Nall, of Newark, N. J., January 31.

**William Whitehead Gilfillan, M. D.**, New York City, to Mrs. Mary Louise Hayes, of Newark, N. J., January 25.

**Lloyd Russell Mace, M. D.**, of Philadelphia, to Miss Agnes Biller, of Trenton, N. J., February 15.

### Obituary.

**J. Lee Beck, M. D.**, Boston University School of Medicine, 1879, of Vineland, N. J., was struck by a train and instantly killed, January 18, while driving over a grade crossing near Norma, N. J.

**Florence DeHart, M. D.**, resident physician at the State Home for Girls at Trenton, died there February 11. She was a daughter of John S. De Hart, a lawyer, and Mrs. M. F. De Hart, a physician, of Jersey City.

**Edward S. Dalrymple, M. D.**, New York University, 1885, was found dead in bed at his home

in Branchville, Sussex County, N. J., February 3, aged 44 years. He was physician to the County Almshouse, and had a wide circle of friends and acquaintances.

**William E. Mattison, M. D.**, of North Plainfield, was found dead in his drug store February 12. He had served as surgeon in the 3d N. J. Volunteers in the Civil War. He was eighty-two years old, and had practised his profession until 1878 when he retired, afterwards opening a drug store which he conducted until his death.

**William V. McKenzie, Jr., M. D.**, died at his home near Metuchen February 13 of Bright's disease after a long illness. He graduated at the College of Physicians and Surgeons in New York City in 1884 and was a member of the Middlesex County Medical Society.

**Miss Frances J. Ward**, sister of Edwin M. Ward, M. D., of Bloomfield, N. J., died of apoplexy, after a few hours' illness, at her home, on January 25.

**Adolph Gustave Brown, M. D.**, Jefferson Medical College, Philadelphia, 1896; a member of the American Medical Association, the Medical Society of the State of New Jersey, Monmouth County Medical Society, and Practitioners' Society of Eastern Monmouth; eye and ear surgeon of the Monmouth Memorial Hospital, Long Branch; town commissioner of Redbank, N. J., from 1903 to 1905; designer and inventor of the Redbank sewage disposal plant, died at his home in Redbank, January 21, from cerebral hemorrhage, after an illness of a year and one-half, aged forty-five.

**Richard Albert Terhune, M. D.**, died February 5, at his home in Passaic, aged seventy-seven. He was graduated in 1850 from the College of Physicians and Surgeons, New York City, and began practice with his father. From that time until ten years ago, he practiced in Passaic. He was the third of the family of physicians who had practiced in Passaic for eighty-five years continuously. Dr. Terhune was the first mayor of the city. He was an ex-president of the Passaic County Medical Society, and, at the time of his death, its oldest member. A special meeting of the society was called on February 7, to take action upon his death, and to attend the funeral in a body. He is survived by his son, Dr. Percy Hamilton Terhune.

**H. Martyn Brace, M. D.**, mayor of Perth Amboy died at that place February 19 after several months' illness of uraemic poisoning. He was forty-six years old and graduated from the College of Physicians and Surgeons, New York City, in 1881. He was a member of the Middlesex County Medical Society and of various social and fraternal organizations. He is survived by a widow and by his mother.

**Dr. S. S. Stanger**, of Salem County, has been appointed physician to the State prison at Trenton. Dr. Stanger is well acquainted with the character of the work, having served a term some years ago as president of the board of prison inspectors.—*Evening News*.

## News from the Counties.

### ESSEX COUNTY.

The buildings of the Essex County Isolation Hospital, at Soho, are practically completed.

**Dr. James S. Sutphen**, of Newark, has been confined to his house with an injured ankle.

**Dr. Charles J. Kipp**, of Newark, entertained the trustees of the Society for the Relief of the Widows and Orphans of Medical Men of New Jersey at dinner at the Essex Club on February 14. The regular meeting of the trustees preceded the dinner.

### To License Chiroprodists.

Several chiroprodists of the State are forming a society of chiroprodists and preparing for introduction in to the Legislature, a bill requiring men who desire to practice chiropody to obtain a license from a State board. Two meetings of the organizers of the society have been held in Hoboken, and a third is to be held at the office of Dr. W. H. De Vere, 59 Halsey street, this city.—*Newark Sunday Call*.

**The Public Service Corporation** has been found guilty of culpable negligence in the case of John H. Dodd, and directed by the court to pay him damages in the sum of \$27,500. While the trolley car in which Dodd was riding was crossing the Lehigh Valley railroad track, it was struck by a freight train. The usual question has come up as to whether the man is shamming or is permanently paralyzed. In the meantime the defendant company has taken an appeal.

### THE MEDICAL LIBRARY ASSOCIATION, NEWARK, N. J.

The Medical Library planned by the Newark Medical Library Association, and the Free Public Library, has progressed sufficiently to justify the issuance of this bulletin.

The alcove at the east end of the reference room on the second floor of the library has been selected as the present location of the collection. It has been cleared of all books except the medical reference books now belonging to the Free Public Library. To these will be added, as received, the books purchased by the Library and the Medical Library Association, or received as gifts.

The periodicals named in the appended list have been ordered and are being received and placed on shelves in the alcoves, where they may be easily found. A table for writing, and other necessary furniture, have been placed there.

This part of the Library is open from 9 A. M. to 9 P. M. **J. C. DANA**, Librarian.  
American Journal of the Medical Sciences, Philadelphia.

American Journal of Obstetrics, etc., New York.

American Journal of Pharmacy, Philadelphia.

American Medicine, Philadelphia.

American Year Book of Medicine and Surgery.

Annals of Surgery, Philadelphia.

Archives of Otology.

Archives of Pediatrics, New York.

Boston Medical and Surgical Journal.

British Medical Journal, London.

Centralblatt fur Chirurgie.

Centralblatt fur Gynecologie.

Centralblatt fur Innere Medicin.

Dental Cosmos.

Hahnemannian Monthly, Philadelphia.

Index Medicus.

International Clinics.

Journal of A. M. A, Chicago.

Journal of Biological Chemistry, New York.

Journal of Cutaneous Diseases, New York.

Journal of Experimental Medicine, New York.

Journal of Infectious Diseases.

Journal of Medical Research.

Journal of Nervous and Mental Diseases, New York.

Journal of Pathology and Bacteriology.

Journal of Physiology, London.

Lancet, London.

Laryngoscope, St. Louis.

Medical Record, New York.

Medical Review, of Reviews, New York.

Muenchener Medicinische Wochenschrift.

Ophthalmology, Chicago.

Pediatrics, New York.

Progressive Medicine.

Virchow's Archives.

### MERCER COUNTY.

#### TRENTON DOCTORS PLEAD GUILTY.

City Physicians Frank Scammell and Samuel Freeman, and Drs. Frank Chattin and W. J. Hall, pleaded guilty to charges of non-ethical conduct before the Mercer County Medical Society last January, and promised to dispose of all their stock in the Trenton Emergency Hospital before May 1. If they meet that requirement they will be taken back into the fold. The specific charges against the physicians was the practice of medicine contrary to the ethics of a physician, and for their part in the Emergency Hospital work, a stock company for the purpose of giving treatment for \$1 a year. This is contrary to all medical rules, and the accused doctors have been grossly violating the society's regulations.—*Newark Evening News*.

#### MORRIS COUNTY MEDICAL SOCIETY.

Through the courtesy of the Board of Directors of the Morristown Memorial Hospital, our County Society met at the hospital for the December meeting. The principal feature of this interesting meeting was a paper by Dr. Seward, of Madison, which related a peculiar genito-urinary case in the doctor's experience. Dr. Winfield Ayres, of New York City, followed with a demonstration of the cystoscope. Dr. Seward's paper was discussed in conjunction with Dr. Ayres' paper; an abstract of which follows.

#### "The Importance of the Cystoscope in Diagnosis and Treatment of Diseases of the Urinary Organs."

*By Winfield Ayres, M. D., Adj. Prof. G. U. Surgery at the N. Y. Post Graduate Medical School.*

The cystoscope is more important to the urologist than the ophthalmoscope to the oculist; for not only is it required for accurate diagnosis, but

treatment may be applied through it. It is advisable that both direct and indirect telescopes be used for observation of the bladder, but for ureteral catheterization the direct method is to be preferred over the indirect as the operator is much less liable to fail in entering the ureters. However, in a few cases it is possible to catheterize the ureters with the indirect method when it is impossible with the direct. Therefore the surgeon should be expert with both methods.

With the observation-cystoscope we are able to detect inflammation, tumor, foreign body and saccululation of the bladder. By observation of the ureteral orifices we may detect renal pyuria or hematuria. We may also determine the number and appearance of the ureteral orifices.

With the ureteral catheter we are able to detect ureteritis stricture of the ureter, calculus of the ureter or renal pelvis, kinking of the ureter, and by catheterization of both sides we are able to determine the working capacity of both kidneys and decide whether it would be safe to remove a diseased kidney. The separators in comparison with the ureteral catheters for obtaining urine from each kidney, lack in accuracy. The ureteral catheter is often used to exclude disease of the kidneys.

The cystoscope is occasionally used to make local applications to ulcers of the bladder. This is very difficult in the male, but may be done with comparative ease in the female. Small foreign bodies may be removed from the bladder by the operating cystoscope; also small benign growths may be removed. If malignancy be suspected, a piece of tumor may be removed for microscopic examination and the extent of the subsequent operation will be decidedly influenced by the findings.

Besides being used as a means of diagnosis, the ureteral catheter is employed to treat inflammations of the ureter, the renal pelvis and even of the kidneys. Much more than the ordinary amount of skill, however, is required in passing the ureteral catheter to obtain beneficial results from lavage of the renal pelvis. A catheter roughly or awkwardly passed will surely injure the ureter and, therefore, no benefit may be expected after such instrumentation. Asepsis is as essential in ureteral catheterization as in any major operation.

Cases that may be cured by lavage of the renal pelvis are purulent ureteritis or ureteropyelitis, not due to stone, and cases of catarrhal pyelitis and pyelonephritis without much involvement of the kidney. Cases that may be improved are those of sub-acute or chronic parenchymatous nephritis with considerable pyelitis. Nephropoysis cannot be influenced by lavage, and nephrectomy must be performed if the other kidney be capable of performing the work of both. If the other kidney be found diseased and incapable of doing the work of both, it is best to perform lavage regularly to afford free drainage and keep the cavity as clean as possible.

Cases illustrating all the above statements were cited.

The annual meeting of the Morris County Medical Society will be held in Morristown, Tuesday, March 13th, at 10.30 A. M.

H. W. KICE, *Secretary*.

**Dr. Raymond A. Dinan**, who mysteriously disappeared from his home in Philadelphia, was found in Atlantic City, ill with typhoid fever.

**Dr. Henry H. Pemberton**, of Long Branch, was shot and slightly wounded by his daughter on January 29th. The young woman, who is alleged to be of unsound mind, after the shooting, ran down to the beach, undressed and swam out several hundred yards in the ocean. She has been sent to a sanatorium.

**The Fourth Annual Report** of the Board of Managers of the New Jersey Sanatorium for Tuberculous Diseases shows that in spite of the delay, caused by defective mason work, the construction of the buildings is now progressing satisfactorily and will probably be completed before November 1st, 1906. There is a balance on hand of \$117,943.68. The managers' expenses for the year were only \$14.74.

**Dr. Reginald S. Bennett**, of Asbury Park, was recently awarded damages in the sum of \$1,292.00 in a suit against Alfred Busch, head of the A. Busch Bottling Company, of Newark. Dr. Bennett was riding with his wife and child, when they were run into and injured by the defendant's automobile.

**Postoperative Nausea and Vomiting.**—Holmes draws the following conclusions from his report: The common teaching, that the administration of ether is followed by nausea and vomiting much more frequently and severely than is that of chloroform, is not borne out by his figures; the nausea and vomiting are less dependent on the anæsthetic than on other causes, especially the nature of the operation. The proper preparation of the patients has much to do with the after effects, but more important still is the after treatment—*Amer. Medicine*.

**Doctor George W. Gay**, senior surgeon to the Boston City Hospital, estimates that the monetary loss to the medical profession of Boston from gratuitous professional work amounts every year to a sum between \$8,000,000 and \$10,000,000.

**It is estimated** that fully ninety per cent. of the community do not patronize physicians. They treat themselves for the common ailments.—*Coca Leaf*.

**A Christian Science "Doctor"** in New York City, refused to do jury duty claiming exemption by reason of his "profession." He was brought before a judge who differed with him in regard to his professional standing and fined him \$100.

#### **New Members of the American Medical Association from New Jersey.**

Burnette, H. H., Hoboken; Cook, H. F., Newark; Finn, F. A., Jersey City; Jacquemin, T. J., Union Hill; Jennings, W. B., Haddonfield; Kerstein, A. J., Jersey City; Marcy, J. W., Merchantville; Rector, J. M., Jersey City; Van Duyne, S. Elizabeth, Newark.

**Personal.**—Dr. Emma M. Richardson, of Camden, was seriously injured in a trolley collision, December 22.



### AN EX-CHRISTIAN SCIENTIST WITH A THOUGHT AND A DEMONSTRATION.

Dr. Charles G. Pease, a dentist, and formerly one of the most enthusiastic of Christian Scientists, has sent in his resignation as a member of the "First Church of Christ, Scientist," and has co-incidentally published a book entitled "An Exposure of Christian Science Methods and Teaching Prevailing in the First Church of Christ, Scientist, New York City." The subtitle of the volume runs: "and of the dangers of the philosophy which has protected, supported, and enabled its votaries to deceive, falsify, oppress, persecute, practise dishonesty, and do works in fulfillment of the prophecy recorded in Matthew 24:24, constituting a menace to individual liberty and rights, and to the moral and spiritual life of a nation."—*Med. Record*.

**Retail Drug Syndicate**—There was organized in New York recently the American Drug Syndicate, which includes 1,000 retail dealers. The syndicate has a Rhode Island charter and is capitalized at \$200,000. The organizer is C. F. Goddard, formerly of San Francisco, who controls ten per cent. of the stock. The organization is intended for mutual protection, to combat inferior and injurious drugs and compel a standard in the staple products. The president is George Ramsey, of New York.

One of the rules of a bicycle club reads: "A horse should never be passed on both sides at once."

We suspect that when a cyclist attempts to pass on both sides of a horse "at once" he is expelled from the club. He would certainly be dismissed from a temperance organization.—*London Tid-Bits*.

**The Effect of Copper Sulphate upon the Bacteriological and Chemical Constituents of Large Bodies of Water.**—Stokes and Thomas come to the conclusion that it would seem that in fairly pure water a dilution of 1 to 100,000 copper sulphate can be depended upon to greatly reduce the algæ and fermentative bacteria, and also clear the water by precipitating the matter in suspension. In moderately polluted water, the fermentative bacteria are not destroyed.—*Amer. Medicine*.

The Irrigon (Ore.) *Irrigator* advertises the wares of a merchant of Irrigon thus: "For a nice mint julep, a Tom Collins, or a high ball, or a nice, clean shave, or a haircut, or anything in the grocery, hardware, drygoods or millinery line, call at the City Drug Store. Also drugs for sale."

The painfulness of withdrawing packings that have dried in a wound may be avoided by soaking them with peroxide of hydrogen.

In an acute condition simulating intestinal obstruction, if a large mass can be felt in the abdomen think of omental torsion.

In excising a varicocele under local anesthesia, tie the upper ligature first; the pain of tying the lower ligature will then be abolished.

It is well to remember that all the good excuses have already been made.

In the September issue of *The Journal of the S. C. Medical Association* appeared an endorsement of *The American Medical Journalist* which was equivalent to an attack upon the policy of the American Medical Association in fighting the patent and proprietary medicine combination. *The American Medical Journalist*, which is evidently published by, and in the interest of, the manufacturers of proprietary medicines and nostrums, has taken full advantage of its opportunity, and has reprinted this endorsement and circulated it broadcast, making it appear that we have severed our allegiance to the righteous cause championed by the American Medical Association. It is a matter of deepest regret and mortification to the editor that the item referred to should have been allowed space in the JOURNAL by the associate editor during the absence of the former upon his summer vacation, and he wishes it clearly and distinctly understood that his policy of antagonism to nostrums and proprietary compounds has not been altered by a hair's breadth. *The Journal of the S. C. Medical Association* will continue to aid in the great fight, and will always rejoice to give publicity to whatever may help to remove the scales from the eyes of the multitude of physicians who are blindly aiding and abetting the gigantic nostrum fraud which attempts to masquerade in the guise of honesty and truth. We are thoroughly in sympathy with the American Medical Association and will welcome every opportunity to render whatever assistance may be in our power.—*The Journal of the South Carolina Medical Association*.

It is undoubtedly true that the past few years have shown a remarkable decrease in the prevalence of sickness. Old practitioners unite in saying that no such healthy period as the past eight months has been known to them. Physicians having exclusive practices in a given territory have told us that they could have spent the whole summer away from their locations without great loss to themselves or their clients. Our columns have shown that many practitioners have been absent for several weeks looking after business interests in southern and western states or territories. An increasing number of physicians are leaving the practice to engage in purely business enterprises.—*Illinois Med. Journal*.

**THE PROFESSION OF MEDICINE.**—In two respects the medical profession deserves the grateful recognition and regard of all other callings in modern life. It has always insisted that the practice of medicine is a profession and not a trade. Trade is occupation for livelihood; profession is occupation for the service of the world. Trade is occupation for joy of the result; profession is occupation for joy in the process. Trade is occupation where anybody may enter; profession is occupation where only those who are prepared may enter. Trade is occupation taken up temporarily, until something better offers; profession is occupation with which one is identified for life. Trade makes one the rival of every other trader; profession makes one the co-operator with all his colleagues. Trade knows only the ethics of success; profession is bound by lasting ties of sacred honor.—*President Faunce, of Brown University*.

Too many ancestors may be as fatal as too many cooks.

The poor old *Boston Medical and Surgical Journal* recently had an editorial weep on the subscriber's shoulder; we hope it feels better. It bewailed the great difficulty of editing a weekly (did it really mean "weakly"?) medical journal, and furnishing the proper sort of pabulum to its readers, in these strenuous days when one man wants "practical points" and another wants "riginal research." We venture to think that the business office has fewer troubles, and that "prompt-paying advertisers" is the only subject demanding its immediate attention. We would most respectfully suggest to the *Boston Medical and Surgical Journal* that as the nameless "medical" journal has dropped the department edited by "Old Doc," the *B. M. and S. J.* might take it up and thus establish a place for "practical pointers," wherein its readers may be kept posted on the unlimited value of the nostrums which it advertises. Of course, there would have to be some modifications from the former style of "Old Doc." for it makes one's good red blood run cold to think of the St. Louis-"Old Doc"-English appearing in a publication edited in Boston; "Old Doc"-English would have to be translated into Bostonese. Or, for variety, and to furnish a section where all interests could find something entertaining, it might start a funny section and call it the appendix vermiformis; this would, presumably, attract attention, even if it did not excite universal approbation. Or it might confine the matter in every other issue to articles in words of one syllable. Never mind, old lady, don't cry; in the historic words of "Poker Davis," "you're doin' the best you can." But, perhaps, this is undignified; horrible thought!—*California State Journal of Medicine*.

It is said that the alleged superior efficacy of natural mineral waters drunk at the spring is due to radio-activity, a quality that is almost immediately lost after the water leaves the ground.

New Jersey has a football player who weighs 281 pounds, and he is only a scholastic player at that. Floyd Williams is his name, and he comes from Newark. He plays on the West Jersey Academy team of Bridgeton.

Phenacetine sells in the United States for \$1 an ounce, and in Canada for 15 cents an ounce. This anomaly is due to our patent laws. A bill has recently passed the House of Representatives, which will prevent such unjust discrimination in future, if it becomes a law.

Mr. and Mrs. John Harding, of Trenton, are the parents of a baby daughter. The father is eighty-three years old and the mother twenty-three. This is their second child in a married life of three years.

Dr. Lewellys F. Barker, of Chicago, has been elected to the Professorship of Medicine at Johns Hopkins University in place of Dr. William Osler. Dr. William S. Thayer has been elected Professor of Clinical Medicine at Johns Hopkins.

The French premier, M. Combes, is a doctor by profession, a great student of foreign languages and a bicycle devotee.

In all examinations of children, and in the examination of adults for suspected fractures, leave the painful manipulations for the last.

**Dr. Melvin**, Dr. Salmon's former assistant, has succeeded the latter as chief of the Bureau of Animal Industry in Washington.

#### BLIND MEN PLAYED FAST FOOTBALL.

LOUISVILLE, KY., OCT. 21.—The Blind School eleven played a remarkable game of football with the Manual freshmen at the Blind School to-day, the contest ending without a score for either side. Spiesberger, left guard of the Blind eleven, made a 25-yard run.—*Sunday Call*.

The New Jersey Osteopathic Society held their annual meeting and banquet in Newark, October 14th. They elected officers for the ensuing year and determined to renew the effort, which so nearly succeeded last year, to obtain from the Legislature the passage of a law establishing a separate board to examine and license candidates for the practice of osteopathy in this State.

It is stated that 16,000 persons die annually in London from tuberculosis, whose lives might be saved by proper treatment. It is computed that there are 80,000 sufferers from this disease in various forms in that city. It is proposed to erect self-supporting sanatoria for their care. The various trades unions and fraternal societies contributing the funds for current expenses after the buildings shall have been erected.—*Journal A. M. A.*

"One female stegomyia, with an old oyster can in your back yard, with a little water in it, can hatch out 200,000,000 mosquitoes in one year. Clean out your cans, your broken bottles and your tubs!"

The public schools of Arlington have been closed on account of the presence of scarlet fever.

#### "IN VITRO."

To the Editor.

I see in many articles the phrase "in vitro," which I suppose means "during life." If English is superior to another language when the same meaning is conveyed, why is the Latin used?

*Jour. A. M. A.*

Of the \$100,000,000 which the people of the United States pay every year for patent medicines, fully \$40,000,000 goes to the newspapers for advertising.

During the year 1902 fines amounting to \$10,400.00 were imposed upon milk dealers in New York City for adulteration of milk and more than 1,000 quarts of milk were destroyed as being unfit for use.

It is rumored that a town to be devoted to physical culture will be built near Jamesburg, N. J.

Metal crochet needles are often of great service in removing retained sutures from the depth of sinuses.

The Hildreth bill, appropriating \$20,000 to be used in the extermination of mosquitoes in New Jersey, has passed both houses of the legislature.

**EXPECTORATION IN THE SUBWAY.**

Dr. Darlington, of the Board of Health, is carrying on a vigorous campaign against the spitters everywhere, and especially in the subway. Detectives are posted at many of the stations to arrest unwary offenders.—*Medical Record*.

**SPIT ONLY ON RED AND YELLOW CARS.**

"Dr. —, of C —, who was arrested for spitting while on a green car, was fined \$1.00 and costs in C — police court Tuesday."—*Cincinnati Post*, Jan. 14, 1905.

A doctor on the frontier having a bill against a ranchman went to collect it. The account called for more money than the ranchman had. He, however, paid over all that he could scrape together to the doctor remarking, "Doc, that's all I've got; if you ain't satisfied, choose your weapon."

"Mr. — went to Jamaica for his health, he then being a sufferer with a disease of the frontal nerve in the head."—*Stanton, Va.*, April 3, special dispatch to the *Baltimore Sun*.

"Coroner — had the remains removed to the morgue, where a postmortem will be performed \* \* \* \*. The bullet entered the back and is supposed to have severed one of the lower aortae, causing death by internal hemorrhage."—*Baltimore Sun*, Jan. 18, 1905.

**MADE A POSTMORTEM STATEMENT.**

Buffalo, Feb. 2.—A special to the *News* from Hornellsville says that Mrs. — has made a postmortem statement in which she blames Driver Q — for the grade-crossing disaster.

Exactng Customer—Are you sure you've got that medicine mixed right?

Druggist—No, I ain't; but I've got it mixed the way the doctor ordered it.—*Medical Standard*.

"Dr. Jones always seemed to be very earnest, at any rate."

"Oh, very! Why, he can say 'How are you?' and give you the impression that he really wants to know."—*American Journal of Surgery and Gynecology*.

A boy died in Hoboken recently, it is alleged, from an improperly compounded prescription. It was asserted that the "doctor" who gave the prescription had no license to practice, the drug clerk who compounded it was not a graduate in pharmacy and had no legal right to act as clerk in a drug store, and the owner of the store was not a druggist, but a carpenter.

Prejudice roosts on a perch from which facts are barred.

The Ardent Elephant.—"Your beauty is skin deep, darling."

Miss Hippo.—"Oh, you wicked flatterer!"—*Puck*.

**HAD BEEN IN A SCRAP.**

The house surgeon of a London hospital was attending to the injuries of a poor woman whose arm had been severely bitten, says *The Tatler*. As he was dressing the wound he said: "I cannot make out what sort of an animal bit you. This is too small for a horse's bite and too large for a dog's."

"Oh, sir," replied the patient, "it wasn't an animal—it was another 1ydy."

**HIGHLY SATISFACTORY.**

Askum—Is your patient with the grip progressing as rapidly as you expected?

Dr. Fatfee (jubilantly)—Yes, thank you. He has already developed pneumonia.—*Judge*.

Dr. Thomas N. Gray, of Orange, was a delegate to the meeting of the American Anti-Tuberculosis League at Atlanta, Ga., on April 17th.

**CHRYSANTHEMUM SMOKING.**

A case of epilepsy of fifteen years standing due (sic) to chronic indigestion, is said to have been cured by smoking chrysanthemum flowers mixed with cascarilla bark instead of tobacco.

**IN SANITARY BOSTON.**

Entrance Examination Proposed for Admittance to the Public Schools.

One of our clever Boston "school ma'ams" has, in view of the fear of germs which is everywhere manifested, devised the following as a simple conversation between the boy of the future and his teacher when he applies for admission to the school, says the *Boston Traveller*.

"Tommy, have you been vaccinated?"

"Yes, ma'am."

"Have you had your vermiform appendix removed."

"Yes, ma'am."

"Have you a certificate of inoculation for the croup, chicken-pox, measles, scarlet fever and diphtheria?"

"Yes, ma'am."

"Is your luncheon put up in a patent antiseptic dinner satchel?"

"Yes, ma'am."

"Have you your own sanitary slate-bag and disinfected drinking cup?"

"Yes, ma'am."

"Do you wear a camphor bag round your throat, a collapsible life belt, and insulated rubber heels for crossing the electric line?"

"Yes, ma'am; all of these."

"Then you may hang your hat on the insulated peg and proceed to study your lesson in the thirty-fourth volume of 'Hygiene for the Young.'"

Artificial teeth are no longer provided for Tommy Atkins, when he enlists, by the British Army Council. Because Tommy not only has declined to pay for them out of his shilling a day, but when ordered to do so has deserted "teeth and all."

General Gomez suffered from debilitation of the heart and liver.—*N. Y. Tribune*.



### Camden County Medical Society.

Your committee appointed to report the position of the Camden County Medical Society on the efforts of Osteopaths to secure a separate State Board of Osteopathic Examiners, or representation on the present State Board of Medical Examiners, beg to report as follows:

1. Osteopathy is not a system of medicine, but only a branch thereof chiefly massage and manipulation and, therefore, is not entitled to State recognition, as a system.

2. The remedial agents employed by osteopaths are familiar to and employed by physicians of all schools of medicine in the treatment of certain conditions.

3. The educational requirements for osteopathic license, as set forth in their bill introduced into the Legislature last winter, were so markedly below the present educational requirements for license to practice medicine and surgery in New Jersey, that recognition could not be granted on their basis without detriment to the people and the profession of the State.

4. While setting a lower standard of educational requirements for license, the bill conferred at the same time all the rights and privileges in matters pertaining to the public health that are now enjoyed by physicians, who have complied with the higher standards of the present Medical statute.

5. If Osteopaths desire State recognition and the privileges granted to practitioners of medicine and surgery, they should comply with the same educational requirements and pass the same examination that the State now exacts from all practitioners of the three great schools of medicine, viz., the Regular, Homeopathic and Eclectic.

6. With these facts in view, the Camden County Medical Society respectfully asks Senator William J. Bradley, Hon. Theo. B. Gibbs, Hon. Henry S. Scovel, and Hon. Samuel Jones, the representatives of Camden County in the Legislature, to vote against any measure that will lower or tend to lower the present educational standards of the State for its Medical license.

Respectfully submitted,

Camden, N. J., November 14, 1905.

Dr. and Mrs. E. L. B. Godfrey will spend the winter in Southern California.

Dr. John P. Henry, Jersey City, has resigned as a member of the board of health.

Medical Examinations Inaugurated:—The Atlantic City Medical Examining Board began its work in the public schools October 22d, under the direction of the city health officer, Dr. Edward Guion.

Arthur B. Duel, M. D., delivered a lecture on the treatment of acute suppurative otitis media before the William Pierson Library Association February 16. After the lecture Dr. J. Hammond Bradshaw tendered Dr. Duel a reception and musicale at his house on High street, Orange.

Professor William Hallock Park of New York, will lecture before the William Pierson Library Association March 6, 1906, in the rooms of the association. Subject: "The Hygiene of Milk." The profession is cordially invited.

John H. Huddleston, M. D., of New York, lectured before the Essex County Medical Society February 13 in the Free Public Library in Newark. Subject: "Municipal Control of Tuberculosis." This was one of the lectures in the course given at the tuberculosis exhibition under the auspices of the Newark Board of Trade.

### HOSPITAL STAFF APPOINTED.

The following physicians have accepted positions on the visiting staff of St. Mary's Hospital in Orange: Visiting surgeons, Charles W. Banks, chief of Surgical Division; F. W. Lockwood, F. Haggerty and Martin J. Synnott. Visiting Physicians, Thomas N. Gray, chief of staff; Frank B. Lane, Francis E. Knowles and M. Herbert Simmons. Ophthalmological and otological surgeon, Wilton D. Garrett. Rhinological and laryngological surgeon, W. Quivey. Gynecological surgeon, Winifred D. Banks.

Ralph Hudson Hunt, M. D., has been appointed a member of the assistant staff of the Memorial Hospital in Orange.

Dr. Herman C. H. Herold has been elected president of the Newark Board of Health for the eleventh consecutive time.

Dr. William Buermann, of Newark, has been elected president of the Clinton Hill Improvement Association.

Personal.—Dr. Sylvan G. Bushey, Camden, sustained severe contusions in a fall from a trolley car November 18.

Dr. Joseph B. Shaw, Trenton, has returned after six months' stay in Germany.

Dr. William H. Kensinger, Camden, has been elected a member of the city council.

The Children's Seaside Home at Atlantic City has received a bequest of \$2,000 and the Mercer Memorial Home in the same town has received \$2,500.

Sir Conan Doyle has said that for a man who has mastered Gray's Anatomy life has no future terrors.

The JOURNAL will be glad to print original papers from any source, preferably from members of the State Society, provided that they shall be of sufficient merit and shall be contributed to this paper exclusively.

Anonymous communications will not be published, but the name of the author of a communication will be kept secret if the editor is requested to do so.

The Medical Society of New Jersey does not hold itself responsible for the sentiments expressed by the authors of papers.

It will be satisfactory to all concerned if authors will have their contributions typewritten before submitting them for publication. The expense is small to the author—the satisfaction is great to the editor and printer. We cannot promise to return unused manuscript.

Authors may obtain reprints of their papers at cost, provided a request for them be written on the manuscript. Matter received after the 20th of any month cannot as a rule, appear in the next issue of the JOURNAL.

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## ALCOHOLIC PSYCHOSES.\*

By

Frederick C. Horsford, M. D.,  
Morris Plains, N. J.

*Fourth Asst. Physician New Jersey State Hos-  
pital for the Insane.*

In offering for your consideration a subject which embraces within itself such a wide range of knowledge and which has so many interesting and important topics approached and suggested by it, I wish to deduct from the total of my presumption by a qualifying introduction. My effort will be to review some of the reasons why men drink; to tell you briefly what the pathologists have to say relative to the effect of alcohol on the tissues; and to make such observations as I hope may interest you.

Men have been drinking alcoholic liquors from time immemorial. Apples were a product of the garden of Eden, and an apple, figuratively, was the cause of man's fall, perhaps literally, too, but there is no account of "Jersey Lightning" at this early period to substantiate such a conjecture. It is a matter of biblical record, however, that at the beginning of the second epoch in the world's history, Noah, following his memorable voyage, "Began to be an husbandman and he planted a vineyard and he drank of the wine and was drunken."

Alcoholic heredity has been recognized since the days of mythology. We are told that "Vulcan lame was conceived by Jupiter drunk," and Diogenes, addressing a stupid

child, said "Thy father was drunk when thy mother conceived thee." Herodotus wrote that when drunk both the body and soul were sick. In the medieval period of the world's history drunkenness was very prevalent. These historical observations serve to indicate the far-reaching possibilities of heredity as a chief predisposing cause in chronic alcoholism. Alcoholic heredity is said to act directly by transmitting through the medium of the sexual elements an inclination or demand on the part of the body cells for that particular state which is induced in them by alcohol. The maternal element, though less frequently concerned, is said by some writers to be especially potent; and in cases in which both parents are alcoholic the hereditary taint in their children is most marked. In inebriate heredity, as in other forms, atavism obtains. Instead of, or together with, a craving for drink, children of inebriates may manifest in varying degrees different forms of degeneracy; the evidences of alcoholic degradation of tissue being interchangeable according to the law of hereditary regression. Some of these children suffer with chorea, spasmodic asthma and other nervous manifestations and, under stress, may succumb to mental disease. In the realm of morals their degeneracy shows itself in perversions and crime; oftentimes weak physically, they may be deformed or deficient in resisting power against intercurrent diseases, especially tuberculosis. Epileptics, imbeciles and idiots are frequently, so to speak, the end products of a drunken heredity.

Dr. Crothers, an eminent authority on the subject of inebriety, says: "No alienist of to-day denies direct heredity—however,

\*Read before the Morristown Medical Club.

there is but little agreement among authors respecting the frequency of its transmission." As chairman of a committee of physicians to inquire on a large scale into the hereditary sequelae of alcoholism, he reports that of 1,740 inebriates it was found that 1,080, or about 60 per cent. were traceable to parental intemperance. In 390 cases the habit was acquired. Dr. W. Lloyd Andriezen, of London, late Deputy Medical Superintendent of the Darenth Asylum, and formerly pathologist to West Riding Asylum, in a paper on "The Problems of Heredity," published in the *Journal of Mental Science*, January, 1905, in summing up his studies on the subject of alcoholic heredity, says: "The whole body of facts, of observation and experience of the influence of alcohol on the sperm and germ cells, and on the pre-embryo, summarized above, clearly indicates and demonstrates the pathogenic potency for material evil possessed by alcohol and exerted on the offspring of alcoholic parents."

Beside the form of heredity which is directly traceable to alcoholic excesses in some of the preceding generation, any form of hereditary mental instability, however caused, may, when the exciting cause presents itself, predispose to alcoholism. The impairment of reason, judgment and self-control, a weakened will and unnatural cravings, form a condition of mind responsible for a more or less easy seduction by this drug. It is on this account that many of the higher grade imbeciles, who could otherwise be taken care of at home, are under asylum treatment. W. Bevan Lewis says that: "The subjects of alcoholic insanity do not exhibit any unusual degree of insane heritage, the per cent. of hereditary cases not rising above 27." Kraft Ebing states that: "The cases of insanity due to drink vary between one-tenth and one-third of all admissions to asylums in accordance with class, nationality, climate, etc." The last annual report of the Commissioners in Lunacy of Great Britain, which appeared in September, 1905, directs especial attention to alcoholic intemperance and gives it as the assigned cause in 22.7% of male admissions and 9.4% of females. In relation to their report, however, the commissioners remark that: "Intemperance is as much an effect of brain weakness as a cause, and that the intermingling of these renders it impossible to arrive at precise conclusions. In any case it can not be denied that alcohol is a brain poison." An examination of the records of the last 335 male patients admitted to this institu-

tion shows that in 55 alcoholism is the assigned cause of the insanity, a percentage of 16.4. My examination further leads me to the belief that there are a number of cases in which no cause is assigned in the papers but in which the history of the case would make us believe alcohol to have been the important etiologic factor.

The exciting causes of inebriety, particularly by reason of the strenuous times in which we live, are very numerous. In whatever class nature by her gifts, intellectual and physical, has placed one, he finds the pace fast. Initiative, earnest persistent endeavor, patience, and, in defeat, a becoming fortitude, are some of the qualities necessary for success. In the lives of many men there is not sufficient rest taken to the end that the potential energy of the nervous elements may be restored to a condition necessary for response to normal stimuli. For this reason these individuals, usually the weaker ones whose nervous systems are least able to withstand the poisonous effects, have recourse to alcohol as a stimulant. Social customs, the magnetism of good fellowship and a desire to get in tune with the thought and action of a merry company lend their seductive influence in the direction of inebriety. Business troubles and losses, marital infelicity, jealousy, sorrow, remorse and painful emotional states, however induced, all crave relief and serve to excite men to the indulgence in some form of narcotizing drug. Persistent irritating influences, especially following head and spinal injuries undermining and destroying as they do normal inhibition, lead to the use of narcotics.

It may not be out of place, in connection with the subject of alcoholic heredity, to invite your especial attention to the important bearing which alcoholic parents, and especially their degenerate children, have upon the state. The records of penal and charitable institutions suggest that the number of persons of this class who are becoming a public charge is on the increase. Suitable legislation can undoubtedly do something toward the correction of the evil. Dr. Evans, in a recent paper, read before the New Jersey Conference of Charities and Corrections, calls attention to the baneful influence of alcohol in the production of moral, mental and physical degenerates. He advocates for our State a law which shall act to supplement the present one for the commitment of habitual drunkards and which shall provide for the detention and treatment of cases of the alcoholic psychoses during per-



iods of time sufficiently long to be of lasting benefit to the patient and to the community. Under our present law, with the disappearance of insane manifestations these cases are accounted cured and should be discharged. It frequently happens, however, with the acute alcoholic psychoses, that within a few days after their admission to a hospital and the institution of treatment, especially the withdrawal of all alcohol, that hallucinations disappear and the mind of the patient clears. These cases, although under the law ready for discharge, are not by any means cured of chronic alcoholism. They are in a mental state highly susceptible to the exciting causes for a renewal of their inebriety; they are mostly in poor physical condition and in need of proper tonic and hygienic treatment, and especially, by reason of the peculiar potent pathological condition present in the cells, craving and demanding the alcoholic state, these patients are sent forth from their restraint to beget a degenerate progeny.

Dr. Evans, in his paper, says that "A permanent remedy must come in the form of legislation, and I believe it should be done somewhat after this manner: that a law should be passed making it imperative upon the two physicians who make certificates for commitment of the insane person whose insanity is the outcome or result of acute alcoholic intoxication, to so certify, and that the judge of the court reviewing these certificates, upon finding that such person who has become insane and violent from the effects of alcohol and who has habitually shown evidences of violent tendencies and has made manifest that he is a person whose conduct affects the safety and integrity of the community in which he lives, that such judge may state in his order of approval of the commitment that the committed person shall be detained for treatment of habitual drunkenness or inebriety even after the mental balance has been restored."

Recent laboratory investigations of the brain in cases of acute alcoholism, more especially along experimental lines, have demonstrated changes in the appearance and staining properties, particularly of the endothelial lining of the smaller cortical vessels. Similar appearances are observed indicating beginning degenerative processes in the gray substance. These changed appearances would seem to represent what improved pathological technique and intelligent, painstaking study is showing us concerning states of altered metabolism, that occur in the line of so-called functional dis-

eases. In the domain of physiological chemistry much valuable information has been adduced in relation to the effect of alcohol on metabolism. Experiments by Dr. S. P. Beebe, of the Sheffield Laboratory of Physiological Chemistry, Yale University, are set forth in a paper entitled, "The Effect of Alcohol and Alcoholic Fluids on the Excretion of Uric Acid in Man." Some of his conclusions are as follows:

"After a consideration of these experiments it hardly seems possible to doubt that alcohol, even in what is considered by the most conservative as a moderate amount, causes an increase in the excretion of uric acid. The purin bases are affected to the same degree as the uric acid. . . . . "Alcohol is rapidly absorbed and passes at once to the liver, the organ which has most to do with the metabolism of proteid cleavage products. The liver performs a large number of oxidations and syntheses designed to keep toxic substances from reaching the body tissues and if alcohol in the moderate quantity, which caused the increase of uric acid excretion, impaired its power, in this respect, the prevalent ideas regarding the harmlessness of moderate drinking need revision. . . . "Alcohol is a food in the sense that, when used in small quantities, the energy from its oxidation may be used for some of the body needs, but since at the same time it interferes with the normal activity of a most important organ; its food value may be overbalanced by its toxic effect." By these experiments of Dr. Beebe it is made clear that, with alcohol as a primary cause, we have other toxic substances circulating with it in the blood and exciting an ever-increasing circle of vicious conditions. While definite organic changes usually appear late in chronic drunkenness, their inception and progress, as well as the tissues soonest and most affected, are dependent upon individual idiosyncrasies. As a rule all the tissues are affected, but the occurrence of the pronounced syndrome of a chronic nephritis, fatty heart, cirrhosis of the liver, arteriosclerosis or alcoholic dementia, will indicate where the chronic interstitial inflammation has been most active.

The pathological changes making their appearance in the later stages of chronic alcoholism are similar for the various tissues affected. There is an increase in the interstitial connective tissues, together with more or less atrophy and degeneration of the parenchyma cells.

The manifestations of the poisonous effect of alcohol during the course of acute

intoxication is instructive because in their observation one sees portrayed in a brief time the stages in the symptom complex of insanity. Acute intoxication may be considered as a brief, artificially produced mental alienation; prolonged and intensified by continued libations there is established a true psycho-neurosis. Something inherent in the individual in the way of emotional tendency or disposition determines the direction of mental aberration; whether it shall resemble the type of mania, melancholia or dementia; whether the individual will be excited and violent, depressed or stupid. The quantity of alcohol necessary to bring about intoxication depends upon the stability of the patient's nervous system, together with, in the early period of habitual use, an acquired power of resistance. This quantity varies within the range of a pint of beer, which one nervous, susceptible patient told me was sufficient to "set him off," and a quart of whiskey, which a young man of marked alcoholic heredity told me that he frequently drank in the course of an evening in order to bring about sleep. Charles Mercier, in an essay on vice, crime and insanity, says: "Insanity is a dissolution, it is a retrogression, it is a pulling off of those superimposed layers of development which have been laboriously deposited by the process of evolution." During the progress of chronic alcoholism from habitual drunkenness to the establishment of a neurosis and dementia, retrogression is continuous. There is, as a matter of course, disparity in the resistance which individual nervous systems offer to the onslaught of this poison. Some men continue for many years consuming a considerable quantity of spiritous liquors each day and this without much in the way of symptoms. Theodore P. Hyslop, in Albutt's System of Medicine, states that "Some persons can not maintain health and nourishment without the aid of alcohol; that what is 'one man's meat is another man's poison.'" Nowadays, I believe, the weight of opinion inclines to the conviction that it is a very prevalent habit to eat too much meat.

"Chronic drunkenness is not insanity." Since, however, the direction of mental obliquity and physical disturbances occurring and evidenced during the attainment of psychic deterioration are the foundations for delusions and hallucinations, the mention of some of these will be instructive. Reason, judgment and self-control become, in the inebriate, progressively impaired; he is petulant, irritable, given to angry and perhaps

violent outbreaks without sufficient provocation. In the sphere of morals and ethics his sense is blunted. Careless of the proprieties, he is often a source of painful embarrassment to friends and family; inconsiderate or oblivious of the rights of others, he gives consideration mostly to his own pleasure and profit; self-complacent in his conceit, the ego becomes a keynote of all his discourse; his mind centers about ambitious schemes, but these narrow progressively in the direction of satisfying animal appetites and a craving for drink; a weakened will is shown in ineffectual efforts to stop drinking; there is a progressive failure of memory. A morbid suspicion is characteristic of the habitual drunkard and predisposes to one of the most important and constant symptoms of chronic alcoholic insanity—that is, the delusion of jealousy or infidelity.

In the domain of sensation and motion there appear in chronic alcoholics irritating and paretic symptoms, which as the disease progresses become falsely interpreted. Gastric irritability, parasthesias, anesthesias, pains and cramps give rise to such sensory deceptions as, animals present in the stomach, insects crawling over the skin and the various phenomena associated with electrical contact and shock. Involvement of the motor cells is responsible for the symptoms of true muscular paresis. Tremors, noted first in the fingers and hands, later invading facial muscles, tongue and speech, finally become universal.

DELERIUM TREMENS is a symptom complex appearing during the course of chronic drunkenness as an acute exacerbation. The picture of the disease is such a familiar one that we will do no more than outline, for the sake of review, the characteristic appearances. Exciting causes are furnished by conditions which tend to reduce the power of resistance, and which call on the bankrupt nervous system for a supply of energy which it is unable to furnish. Constant stimulation and debased nutrition have so impaired the working capacity of the cells that the delicate and intricate mechanism of intellection is most easily unbalanced. Exhausting diseases or the sudden severe shock of injury frequently furnish the exciting cause. The formerly accepted idea that the sudden withdrawal of alcohol precipitated attacks has been called into question. There are usually prodromata in the way of gastric irritability, nervousness, sleeplessness or sleep disturbed by disagreeable dreams. The tremor of chronic drunkenness comes more into evidence. In cases following acute dis-



ease or injury prodromal symptoms may be absent. After a few days hallucinations, mostly of sight, and sense organs of the skin, appear. These hallucinations are of a terrifying character and are the bases for active delirium. Auditory deceptions are less common, and when present are ground for grave prognosis. Associated with the delirium is a tremor of speech, facial muscles and extremities, with much motor excitement. Fever in delirium tremens is allied with intercurrent disease, most frequently pneumonia. Acute symptoms usually subside in from four to eight days; they are sometimes prolonged in a sub-acute degree for weeks. The patient may be left with permanent mental impairment in the way of chronic delusions or dementia. Mortality in delirium tremens is estimated at from 3 or 4 to 15%. The most important item of treatment is feeding, using the stomach tube if necessary. Some authors recommend chloral, bromide and opium. Pilz, of the University of Vienna, says that "Most cases run their course without the necessity for any therapy. Chloral and opium, according to our opinion, are, without question, contraindicated. The other means of producing sleep are harmless, but their use is of doubtful value." If there is danger of collapse stimulants are necessary. Camphor, strophanthus and cognac are recommended.

ACUTE ALCOHOLIC HALLUCINOSIS is a title used to designate a group of cases, sub-acute, and seeming to lie midway between delirium tremens and the chronic class. The hallucinations are similar, but with this important difference; that those of hearing are most prominent and in contradistinction to what obtains in delirium tremens, are least ominous in the matter of prognosis. Consciousness of time and environment is more clear than is the case in delirium tremens. Connected thought and co-ordination of facts proceed in a fairly normal way; there is an attempt to reconcile incongruous sense deceptions. Hallucinatory disturbances are not constant, being active at times and then gradually subsiding. Most of the cases of alcoholic insanity coming to this institution belong to the class of acute hallucinosis. As a rule, the patients have been constant drinkers, frequently with periods of exceeding immoderation. They come here with a history of a more or less prolonged spree some weeks previous and during the course of which they have developed hallucinations and delusions. One of our patients, who had been employed in a phonograph factory, told me that he heard his fellow workmen talking

about him; they called him "Devil, fakir and fraud," and he said "I never did wrong to anybody, but they keep knocking me all the time." This patient came into the belief that his associates were jealous of his ability and for this reason were persecuting him. He said that they had charged him with radium and that at night they connected him up with the electric current from the factory power-house, keeping him awake and tormented by continuously shocking him. He heard voices from outside his window making irritating and taunting remarks. When admitted, the patient was irritable and easily excited, but told the facts connected with his history in a fairly connected and intelligent way. The course of this disease varies between six or eight weeks and three or four months. The prognosis is favorable but relapses are frequent. It is not uncommon to find that these patients, with the onset of sense deception, recognize that something is wrong, refer it to the abuse of alcohol, and stop drinking. Or it may be that the spree has run its course. In either event with the discontinuance of alcohol, the symptoms rapidly disappear. Frequently not, however, before the friends of the patients have had them committed to an institution as insane persons.

Delirium tremens and acute hallucinosis are psychoses bearing the unmistakable mark of their etiology. Acute mania, (*mania a potu*) and melancholia of alcoholic origin have little, however, of a distinguishing character. They are usually of sudden incidence, the mania is particularly frenzied in character, of short duration and abrupt subsidence. The depression in cases of melancholia is profound; sometimes amounting to stupor. The most important factor in making the diagnosis is a history of alcoholic misuse.

Based on such hallucinations, illusions, delusions and motor anomalies as are the conspicuous features present in delirium tremens and acute hallucinosis, there are described by various authors groups of cases rather closely related, and designated "Alcoholic persecutory insanity," "Alcoholic paranoia," and "Jealous delusions of the drinker." In alcoholic persecutory insanity the patient, tormented by anonymous sensations about the genitals, *libido sexualis*, general parasthesia, pains and cramps, refers them to the machinations of former friends, now unfortunately his enemies. They heap upon him all sorts of indignities; make free with his sexual apparatus; put poison in his food; flth on his body and work upon him



with electricity. He hears voices which jeer at him, call him vile names, taunt him with the infidelity of his wife, accuse him of crime and threaten his life. It frequently comes about that these patients, casting about them, as in true paranoia, for a reason for this persistent persecution, get to believe themselves persons of great importance, founding, in this way, fixed delusional ideas; delusions of grandeur which dominate the rest of the patient's life.

The "Jealous Delusions of the Drinker" is a phase of alcoholic paranoia described by some German authors as a separate clinical group. It is recognized through a group of systematized delusional ideas, built up about the conviction of the unfaithfulness of husband, wife or mistress. Kraft Ebing opines that the basis for the delusion of jealousy or infidelity is to be found in the sexual relation. On the part of the alcoholic there is increased sexual desire but associated with impaired potency and brutal behavior. A normal, natural disgust for and resentment of his rash, untimely advances is taken by the inebriate to indicate a transfer of affection. However its inception, an unhappy and disordered family life is established which the guilty one is in no way able to recognize as due to his misbehavior, but the morbidly suspicious direction of thought leads to the conclusion of unfaithfulness. From this point the progress of the disease is along the line of reconciling many false ideas with this fundamental one. He believes that people talk about him; that his wife's misconduct is a public scandal; that that is why friends shun him. He employs detectives to shadow his wife, and then, fearing their fidelity, watches the detectives. Like all paranoiacs, they are dangerous members of the community, especially given to brutal treatment of the wife, to murder and to suicide. The diagnosis of insanity on the ground of delusion of marital infidelity and associated symptoms is one often fraught with difficulty. The associated symptoms may be so pronounced as to determine the diagnosis; it may, on the other hand, be necessary to make inquiry into the facts, not only as to whether there has been an actual breach of the marital relation, but whether, also, the patient may not have had good and sufficient grounds for such belief.

AMNESIA, to a greater or less degree, is present in all cases of chronic alcoholic insanity, but there are cases in which the memory defect dominates the picture of mental impairment. Patients are able to recall and talk coherently on subjects deeply rooted in

past experience, but on the daily happenings and those of the immediate past the power of recollection is much at fault. G., a female patient, when admitted to this institution, was well nourished but flabby; face expressionless, speech ataxic, tongue labial muscles and extremities tremulous. The history in this case was to the effect that she had been a drinker for many years, but for the two years just preceding her present illness had been an habitual drunkard. Nervous, fretful and fault-finding, careless in appearance and conduct, the patient's former characteristics had undergone a marked change. She became suspicious of her surroundings, accused her son of stealing and her husband of going about with other women. Above all was there an impairment of memory. The patient hid her money but could not remember where, and spent much of her time in fruitless searching, accusing her son the while of having stolen it. She could not remember the time of day, the fact that her medicine had been taken, or that she had, but a short time previously, eaten.

ALCOHOLIC PARALYSIS, OR ALCOHOLIC PSEUDO-PARESIS (Hasse) is of chief interest because the group of symptoms presented by some cases so closely counterfeits parietic dementia. Frequently there is a similar disturbance of intellection in the way of suggestively extravagant ideas of great personal worth, immense wealth and absurdly ambitious schemes.

Ideation is rapid and changing, there is much motor activity, together with ataxia of speech and gait, tremor of the lips, tongue and extremities, convulsive seizures and sometimes pupillary anomalies. Unlike parietic dementia, after a month or two of activity there is a subsidence of acute symptoms, and in the subjects of alcoholic paralysis the ensuing dementia is not progressive.

It is further stated that in alcoholic paralysis severe headache is frequent, as are also convulsions. Expansive ideas are less often present, their place being taken by delusions of marital infidelity. The speech defect in alcoholic paralysis is truly ataxic, in contradistinction to the stumbling over syllables which occurs in general paralysis.

Inequality and paresis of the pupillary muscle are frequently observed in alcoholic paralysis.

In ALCOHOLIC EPILEPSY, it would seem that the alcoholic poison acts partly in the role of a reducing agent, augmenting states of nervous disequilibrium, and partly as a rough finger on the hair trigger of highly sensitive epileptic mechanisms, Dr. Spratt-

ling, in his treatise on epilepsy, states that: "When alcohol is the cause it is generally sufficiently obvious, the convulsions appear after alcoholic excesses and possess nothing to distinguish them from ordinary epilepsy save the relationship between cause and effect." And further, that: "Alcoholic epilepsy will pass into the essential disease if not checked and usually does so even when alcohol is stopped." The periodical explosive and sometimes blindly furious character in attacks of *Dipsomania* have led to the suggestion that it is in all essentials an epileptic manifestation. One of our patients is a fairly characteristic history of this type of alcoholic disease. He tells me that his attacks occur about once in every six or eight weeks; that they are preceded by what he calls "feeling blue," "down in the mouth." At such times he makes an effort against the desire to return to alcohol for relief. He remembers that he has on previous occasions been able to take one or two drinks and then stop: thinks he can do it again. Almost every time, however, one drink is sufficient to overcome all inhibitory impulses and he proceeds at once to drink literally his fill, drink until his stomach has become so irritated that it will not retain more alcohol. During the course of the debauch he does and says many things for which he is sorry. He abuses his wife, threatens his family and conducts himself in a disorderly and shameful way. Following the debauch is a period of mental depression and remorse and considerable physical deterioration. These conditions, however, are recovered from and the patient resumes his normal condition. In some cases of dipsomania it is said that the character of the attack, in its suddenness and violence, is even more remarkable in its resemblance to the epileptic seizure.

Korsakoff, an eminent physician, described, in 1887, a syndrome which he designated a polyneuritic psychosis. The disease is pretty generally known as "Korsakoff's Psychosis," and is characterized by a combination of psychological symptoms associated with those of multiple neuritis. The mental alienation has particularly to do with the loss of memory for recent events together with a remarkable facility of fabrication. The invented ideas with which the patient fills the gaps in his memory are frequently suggested by the conversation of the persons with whom he is talking, or on what is going on about him, and may have no relation whatever to fact. The disease frequently follows a debauch or an attack of delirium tremens. The patients are disor-

iented in time and place; their delirium is frequently of the "occupation type." One of our patients, suffering with this disease, had total loss of deep reflexes, ankle and wrist drop, with anesthesia in hands, forearms, feet and legs. Korsakoff's disease is most frequently an alcoholic toxæmia, but may be caused by other poisons which are etiologic factors in multiple neuritis. Death occurs frequently in the initial delirium. The course of the disease is usually protracted, complete recovery may ensue, but more often the patients are left with more or less dementia.

The course of chronic alcoholism and alcoholic psychosis is progressively in the direction of a terminal dementia. I think it worthy of remark that in the later stages of chronic alcoholism the patients gradually become very much more susceptible to the effects of alcohol. One of our patients, suffering from a moderate degree of mental enfeeblement, the result of years of alcoholic excesses, tells me that where formerly he was able to imbibe whiskey by the pint, now a single small drink makes him quite irresponsible.

In conclusion, gentlemen, I would say that the weight of opinion of science, observation and experience is against the use of alcohol in health. It is true that it does give men "surcease of sorrow," and it might be said that there are times when the use of alcohol is justified for the relief of painful emotional states. If, however, we consider the vice, crime and disease for which this drug is responsible; if we remember the particular susceptibility with which a great portion of the human race is endowed; and finally recall the seductive way in which alcohol overcomes even the normal resistance; it does not seem possible that one can find much justification for its use.

One of the most deplorable features connected with the question of alcoholic misuse is that it visits upon the helpless and innocent offspring the sins of their intemperate parents. It seems to me that physicians are not sufficiently aggressive or unanimous in their treatment of the subject of alcoholism. They, better than any other class of men, are in a position to know the degenerative processes that are induced by it; they, more than any other class of men, know the danger to the vast majority of men which goes with its use. Their duty, then, is evident if they would fulfil their obligation as educators and guardians of the public health.



## UNCINARIASIS.\*

By Jane Howell Harris, M. D.

Physician to The Presbyterian Hospital,  
San Juan, Porto Rico.

Porto Rican anaemia is the popular name given to a disease produced by an intestinal parasite and accompanied by marked anaemia. The prominence recently given to the subject in the newspapers in this country, frequently coupled with the erroneous idea that the disease is caused by poverty and want of good food, has aroused a sentimental rather than a scientific interest. There is reason, however, for an increased professional interest in this malady; owing to the increased number of Porto Ricans coming into the United States as well as of the tourists visiting the island, and the use of fruit imported from infected regions.

The prevalence of this disease in Porto Rico led us to make it a routine practice in the Presbyterian Hospital of San Juan, to examine the faeces of all patients entering the hospital, repeating that examination from time to time, as the cases required. This we considered to be the only conclusive method of diagnosing the disease.

Let me quote from the 1904 report of the Anaemia Commission of Porto Rico, in regard to the history, etc.: "Tropical anaemia, uncinariasis, anklyostomiasis or hook-worm disease, as it may be called, is a specific infectious disease of tropical and sub-tropical climates and of favorable localities in the temperate zone, occurring in individuals who come in intimate contact with damp earth or muddy water containing the larvae of *uncinaria duodenalis* or *uncinaria Americana*; characterized by an insidious progressive anaemia, weakness, various nervous and digestive disturbances, generally capable of cure on removal of the parasites, and capable of prevention by a proper disposal of human excrement."

An Egyptian papyrus of 1550 B. C. described the disease and ascribed it to intestinal worms. In 1840 the parasite was found in autopsies, by three physicians of Egypt, of whom Griesinger first declared that a worm caused the disease affecting one-fourth of the Egyptian population. The first scientific publication was in an Italian Medical Journal, in 1843, in which a worm was described in an autopsy performed by

Angelo Dubini, of Milan. In 1879 the San Gothard tunnel epidemic, where thousands of workmen were affected, attracted world-wide attention, and led to the study of the disease there and in similar epidemics in other mines and brick-yards of Europe. Since 1898, civilized nations have awakened to the menace offered their economic and social status by this worm affecting the health of the working classes.

In Porto Rico, anaemia is a danger much greater than yellow fever has ever been, fully 80% of the entire population being affected by it.

The Anaemia Commission of Porto Rico was formed in 1899, immediately after the devastating hurricane of that same year. To Dr. Bailey K. Ashford, of the United States Army, we owe the determination of the true cause to this disease, from his hospital work among Porto Rican sufferers. In 1904, the following commission was appointed by the Assembly and Governor Hunt: Dr. Ashford, Dr. W. W. King and Dr. Pedro Gutierrez.

Their work began in establishing a field hospital at Bayamon, and later moving this to Utuado. At these camps large numbers of patients were seen daily, their condition noted, faeces examined, medicine given them, and they were told to return in a week's time. In special cases they were kept in bed for three or four days, and in some cases the percentage of haemoglobin was taken.

As described by Stiles, the male of the *uncinaria Americana* is 7-9 millimeters in length has an umbrella-like tail ending in two barbed spicules. The female is 9-11 millimeters long, with a conical tail. In appearance, the worm carries its head bent backward, giving a hook-like form (hence its popular name). The mouth is heavily armed with teeth. These small worms can be seen in the faeces, looking like short threads.

The ovum is 64-76 by 36-40 micro-millimeters in size, is ellipsoid in shape, consisting of a well-defined shell, surrounding a clear area, containing 4-8 gray balls of vitellin. The ovum, which needs shade, heat and moisture for development, is deposited by the parasite in the intestinal canal of its host, but never developed there. They pass out in the faeces and undergo several stages of development, the larvae re-entering the human body through the skin or by the mouth. They at once pass to the small intestine, making their way through the body tissues, to become encapsulated in the intest-

\* Read before the Women's Medical Association of New York City, February 21, 1906.



inal wall, and in further process of their development attach themselves to the mucous membrane by their hook-like teeth, at times changing their position for new feeding-grounds, and living on the blood of the patient. One female is capable of producing numerous ova, all of which must pass outside of the body for partial development and re-enter the same or some other human being for complete development.

There is now no doubt that most of the infection is through the skin of the feet; a fact more easily understood when one knows that anaemia affects 80 per cent. of the inhabitants of Porto Rico, where 90 per cent. of the population belong to the poor or laboring class. These live in crowded huts, often with earth floors, closely surrounded by banana, palm or coffee-trees, giving the shade and moisture demanded by the worm for its development. Of these people, by far the greater part do not wear shoes, and their work in cultivating and harvesting coffee, sugar-cane and tobacco, necessitates their continual standing or walking in the damp, shaded, warm soil, infected by the larvae of *uncinaria*. During the rainy season a perceptible increase in the number of anaemic patients may be noted: the foci of infection being scattered over larger areas by the agency of the rain. This was especially noted at the time of the last hurricane when anaemia became more prevalent and fatal in character, aided by destitution and want of food.

To the careless and filthy habits of the diseased patients is due the spread of the plague. Few slacks, or native huts are provided with any sanitary place for defaecation, and the almost universal custom for ages has been the use of adjoining bushes for this purpose. As the patient becomes more feeble from loss of strength due to advancing anaemia, it can readily be seen that the trips away from his home or his work would become shorter and shorter and in the end, the cultivated fields would become heavily charged with ova and developing larvae of the *uncinaria*, present in the faeces of the workmen.

It was formerly thought that the infection was introduced into the body from drinking infected water, eating with soiled hands or eating fruit and vegetables that had not been cleaned. Now, although it is still admitted that the infection may be so conveyed, the proportion of those so attacked compared to those infected by the entrance of the larvae through the skin of the feet, is small.

The accidental discovery of this means of

infection was due to the observation of a dermatitis caused by contact with a culture of the *uncinaria* upon the hand of the pathologist Looss. He investigated and, with other experimenters, found that the application of a solution or mud culture of *uncinaria* larvae, to the skin of the wrist was at once followed by a dermatitis and in six or seven weeks, by the presence of ova in the faeces. Working with animals, which had been infected through the skin, dermatitis was apparent soon after infection, and death took place in ten or twelve days. At the autopsy it was found that the larvae had already reached the small intestine, where they lay encapsulated.

I did not always find it possible to elicit from my patients the history of a previous dermatitis of the feet, although the anaemia commission lay much stress on that fact. However, forgetfulness being a frequent symptom, complained of by my anaemic patients themselves, and my experience proving its existence, added to a working acquaintance with the feet of the Porto Rican poor class, I am satisfied that this lesion frequently exists. The outcry in the newspapers, not more than two or three years ago, ascribing the anaemia of Porto Rico to the poor food of the natives, was absurd. The diet undoubtedly may cause weakened and deteriorated bodily tissues which offer diminished resistance to the undermining action of the parasite, but not more in this disease than in tuberculosis.

Moreover, the question of diet is so often spoken of only to be answered by the "jibaro" with, "You know how the poor have to eat," and while no improvement took place in the patient's food, a marked improvement was evident in their health and strength after taking the remedies to rid them of the *uncinaria*. On questioning many of my patients as to previous treatment, if any, by other doctors, they would invariably say they had had quinine, iron, strychnine, wine, tonics of various kinds, but never the necessary anthelmintics advised by the anaemia commission and used by us in our office and hospital practice. We found it necessary to employ such tonics after giving thymol or beta-naphthol, but the former remedies were utterly valueless if given before the latter.

Our dispensaries in San Juan, Toa Alta, Aguadilla, San German and Cabo Rojo, were well attended by anaemics. I treated over 9,000 in dispensary hours, during the last six months before I came North. For two years the San Juan Presbyterian Hospital afforded means of making examina-

tions of the faeces, and observing cases of marked anaemia, until such time as they had recovered. It was necessary for us to acquire a knowledge of "jibaro" terminology, which, while at times far from the mark, was in other respects very apt. For instance, a new patient when asked what the matter was would complain of having a "tired feeling," a feeling as if ice and blood mixed were flowing from his feet to his head, and that there was air in the blood inside of the ears. A "poo-poo" sound described by these patients came to be synonymous with *tinnitus aurium*. They observed the tympanitic sound caused by collection of gas and distension of the stomach and intestines, and the mother would sometimes say her child had a tape-worm in the stomach and neck, proving her statement by triumphantly pointing out the apex-beat of the heart, and the visible pulsation in the great vessels of the neck. One man traced the origin of his disease to his lying out in the cane-field over night, during which time the ants bit his skin and he became ill. Very probably these same ants were the larvae of the *uncinaria*.

The *symptomatology*, as a rule presented the following features:

1. Pallor of the skin and mucous membrane. This varied in extent from the slight diminution in color hardly perceptible on close examination, to a yellow hue or a white, noticeable from the moving train and especially marked in the ears and fingernails. In more marked cases there would be absolutely no pink tinge to the lips, and the ears had a waxy appearance.

2. Oedema was characteristic and often noted by the patient. It was present in the feet and legs, and in the face, especially the eye-lids, causing a stupid, expressionless look. At times it extended to the trunk and hands and to the pudenda. Some moribund cases looked like monsters, the skin being stretched almost to its utmost extent, and the appearance of the swollen eyelids, which could not be opened, was singular indeed.

3. Digestive disturbances were universal. As a rule there was anorexia, although the patients sometimes complained that although they ate voraciously their hunger was not appeased. Others had the "vice" of eating sand, clay, plaster, raw rice or sugar. These were usually children; although adults confessed this craving, or their family did for them.

Epigastric and abdominal pain was a less common symptom, but often met with and ascribed by the sufferers to the pres-

ence of gas in the stomach and intestines or to water, which they could hear splash when they moved. "A glassful of water in the stomach" was a common complaint.

Constipation was exceedingly prevalent, alternating with diarrhoea and accompanied by flatulence. The distended abdomens of the children (many of whom run naked in their earlier years) attract the attention of almost all tourists in the island. Of course this symptom, as well as the digestive disturbances in general, is partly due to the vegetable and fruit diet as well as to the irritating action of the parasite in the intestine.

4. Fatigue is always mentioned as a symptom and is an important factor from an economic standpoint. A man who has to support a large family on a daily wage of 40 cents, is often forced to disregard his failing strength and keep up until he succumbs, unless he may be aided by proper medical treatment. The beggars are largely made up of anaemic sufferers, and call upon humanity in general, to provide the small amount of medicine needed for their recovery. As you see them sitting about on the street corners, you cannot blame them for their lack of ambition, and the wonder is that so many make the long journeys to visit our offices for treatment. They describe the lassitude as a fatigue which increases when they walk, or work, and often prevents any exertion.

5. *Tinnitus aurium* is almost constant as a symptom and differs in degree, from deafness to a "little bird singing in their heads."

6. Pains in the joints and headache are frequent. The latter being sometimes so intense and long in duration, that it seems more like a complication, but patient treatment finally causes it to disappear with cure of the *uncinariasis*.

7. Cataracts are prevalent among our cases and Dr. Lippett, of the United States Army, reports that three-quarters of his cataract cases are anaemic. Corneal ulcers are also common. They may be caused by syphilis as well as anaemia. A few patients have spoken to me of night-blindness.

8. Large ulcers of the skin are prevalent, partly due to the dermatitis of the primary infection, and to poor circulation, and in other cases, to syphilis.

9. Dyspnoea and palpitation are common and at times symptoms of more serious cardiac valvular lesions follow *uncinariasis*. Anaemic murmurs are not always found at the base of the heart, but an appreciable thrill may be heard over the great vessels



of the neck. The heart is frequently dilated, and the apex-beat diffuse in character.

10. The mental condition matches the characteristic expression of the face, apathy, weak memory and slight amount of intelligence, accompany the disease, and a tendency to hysteria is treated more seriously than it deserves by sympathetic friends.

11. Cold feelings, formication and pruritus are common; sweating is diminished in amount.

The marked anaemia of the patient has been ascribed to three causes:

1. Loss of the blood absorbed by the parasite.

2. The presence of a toxin produced by the larvae.

3. The inflamed condition of the intestine, due to the bites of the parasite.

*The care and examination of patients.*—

On entering the hospital the faeces of all our patients were at once examined, and in some unsuspected cases the ova were found. If the condition allowed, the patient was then given a two-ounce dose of magnesium sulphate at 6 P. M., put on a liquid diet and kept in bed. On the following day, at 8 A. M., he was given 10-30 grains of thymol in a capsule, and at 9 A. M., this was repeated, followed at 11 A. M., by another two-ounce dose of magnesium sulphate. Other purgatives may be used, but we found the ordinary salts most satisfactory. Next day the patient could be up and allowed full diet, with tonic treatment, especially iron. After a week, the stools were again examined and if ova appeared, the thymol treatment was repeated. Two treatments were sometimes sufficient, but as a rule three or more had to be given before the ova entirely disappeared.

In dispensary practice we were obliged to give the medicine into the hands of the patients with careful oral and printed instructions. Aside from the occasional mistake of opening the capsule and chewing the thymol, no disadvantages were noted from this home treatment, and they invariably returned greatly pleased by the action of the purgative.

The improvement in looks, feelings and mental condition and the decreasing oedema, were quickly apparent. In time the color improved and the pallor disappeared. In the routine urine examinations I noted a low or normal specific gravity, light color and usual absence of albumen despite any amount of oedema present.

The Anaemia Commission found a low

percentage of haemoglobin in the cases tested.

We have used the drug beta-naphthol in capsules during the past year, preferring it to the thymol, although some patients complained of dizziness while taking it. It is a much safer and cheaper drug than thymol. We gave it in the same manner as we gave thymol, 15 grains at a dose.

Male-fern has been used, but is less satisfactory. The greater number of cases, not moribund when first treated, resulted in a cure or improvement, if they followed out the treatment carefully. Even apparently hopeless cases, with serious heart and liver complications, yielded completely to the anthelmintic treatment assisted by nitro-glycerin and followed by tonics.

That a knowledge of this disease is of importance to the doctors in the United States is shown by the case of a well-to-do Porto Rican who came North for treatment and sought relief in vain in New York, where his disease was not recognized. On his return to Porto Rico, in a serious condition, someone sent him out to the Presbyterian Hospital. The present superintendent readily recognized the disease and on examination of the faeces, found the ova of *uncinaria* present.

Another case was reported to me in Utica, where a patient had suffered for years from anaemia, only recognized by a doctor in the United States Army who had been in Porto Rico. The case was cured by anthelmintic treatment. The only explanation of the origin of this case was the history of a long continued diet of bananas.

The examination of the faeces is very easily performed and the ovum readily found after a little practice with a low power of the microscope. A small amount of fresh faeces is transferred to a glass slide, some water is added, and mixed with it. The faeces of an infected patient are full of ova, and two or three fields rarely fail to show them under the microscope.

Unfortunately the cure of an anaemic patient is not permanent because the return to his former mode of life gives rise to a fresh infection. Until there comes to be a simple, inexpensive, and universal method of disposing of human excrement in Porto Rico, joined with the anthelmintic treatment of those now suffering from the disease, and the general wearing of shoes by the inhabitants, we may expect the result predicted by the Anaemia Commission. In their words "Uncinariasis will continue to reduce the white and mixed inhabitants forming the



country class of the island, to a lower and lower grade, mentally, morally and physically, until the very existence of the class will be threatened."

Let me acknowledge my indebtedness to the "Report of the Anaemia Commission," 1904, and suggest its study to those interested in this subject.

### ACUTE ARTICULAR RHEUMATISM.\*

By Martin J. Synnott, A. M., M. D.,  
Montclair, N. J.

This paper is intended as a resume of recent literature on the subject with which it deals. No claim of originality is advanced by the writer.

A few years ago acute articular rheumatism was defined as a general disease of which the characteristic lesion is an inflammation of the joints and of some of the connective tissue membranes. Subacute rheumatism, chronic rheumatism, muscular rheumatism, gonorrhoeal rheumatism, puerperal rheumatism, and acute articular rheumatism have until a short time ago been spoken of as if they were all varieties of one and the same disease.

More recently our knowledge of these conditions has progressed, and there is a tendency nowadays to limit the use of the word "rheumatism" and "rheumatic," and to employ these terms only for such conditions as are excited by a specific micro-organism, the *diplococcus rheumaticus*. According to this new theory the term "rheumatic diseases" would include only acute, chronic and muscular rheumatism and certain cases of acute and chronic rheumatoid arthritis; the exciting cause of which is in all probability a modified or a virulent form of the coccus of acute rheumatism.

In other words, since the disease has been demonstrated to be of bacteriological origin, and clearly shown to belong to the infectious diseases, the diagnosis has become more exact, and the arthritides which may follow or complicate many other acute infective processes, such as scarlet fever, gonorrhoea, dysentery, malaria, smallpox, pneumonia and sepsis, are probably caused by the action of other specific organisms or their toxins upon the joint tissues. When our methods of detecting the specific organism of acute rheumatism are further developed, and our knowledge of the bac-

teriology of these conditions is extended, we can look for a more satisfactory classification of rheumatic diseases.

The modern scientific definition of acute articular rheumatism, according to Symes, is the following: "A specific acute infective fever characterised by sweats, shifting inflammatory changes in the joints and related structures, in the heart and in the serous membranes."

*Etiology.* The disease is essentially one of childhood and young adult life. It is rare however in children under one year of age, although Rotch reports a case occurring in the second week, and another in the seventh month. First attacks after the age of fifty are extremely uncommon. It is most prevalent in the temperate zones, but it is also observed in both cold and warm climates. Uniformly cold and uniformly hot weather seem to be unfavorable to the development of the disease. Newsholme, an English physician, has sought to prove that the incidence of the disease is greatest where the level of the subsoil water is low and the earth temperature is high. Other observers maintain that cold, damp, low-lying localities and dry, hilly, bleak sites are those most favorable to the production of acute rheumatism. It seems to prevail most frequently where the weather is variable. The attacks are not confined to any one season of the year. In adults the disease is about twice as prevalent among males as among females. Between the ages of ten to fifteen, however, females appear to be more susceptible than males.

Heredity plays an important part in the etiology of the disease, statistics showing that one-half to one-third of those afflicted are the descendants of rheumatic ancestors. A constitutional tendency to its early development is transmitted from one generation to another. This is especially noticeable if both parents share the taint and if there is consanguinity. There is some evidence to show that foetal rheumatism is sometimes responsible for endocardial lesions found at birth. The strong and vigorous and the feeble and debilitated seem to be equally liable to the disease: exposure to cold and wet may often act as an exciting cause, especially if there has been preceding privation or prolonged arduous labor. In many families there is a distinct arthritic diathesis, and this is transmitted, appearing in one generation as acute or chronic rheumatism, in another as rheumatoid arthritis, and in another as gout. When inquiring into the family history of a case the

\*Read before the Orange Mountain Medical Society, at Orange, N. J., September 29, 1905.

patient should be questioned as to the occurrence of chorea, tonsillitis, erythema nodosum, endo- or peri-carditis, pleurisy, and other manifestations of rheumatism which are not generally recognized as such by the public.

*Bacteriology and Pathology.* Dr. J. Odery Symes, of London, claims that the initial seat of invasion by the diplococcus rheumaticus is the tonsils and fauces. The organism then enters the blood stream and is distributed to all parts of the body but shows a special selective affinity for the fibrous tissues and serous membranes. According to this same author, the changes wrought in the tissues are partly the result of the growth and multiplication of the coccus, and are partly due to the elaboration of chemical bodies. The exact nature of the chemical reactions is not known.

A brief history of the bacteriology of this disease is desirable, because it is a subject of recent development, and one about which little has been written. In none of the standard medical works, published prior to 1900, have I found any reference to the bacteriology of rheumatism, and in only one or two was any reference made to the possible infectious nature of the disease. As recently as January, 1904, in a paper published in the *Medical Record*, Dr. Joseph E. Winters gives the following definition of the etiology of the disease: "Rheumatism is caused by non-neutralized acid-products of proteid metabolism." No mention is made by this writer of any bacteriological origin.

The blood, urine, joint effusion, cerebrospinal and pericardial fluids, throat exudation, and diseased valves have been the materials most commonly examined. Many workers have found cocci in the exudations, and some have formulated the theory that acute rheumatism is an attenuated pyaemia; chief among these is Stengel.

The infection theory was first suggested by Hueter, and now has many influential supporters. The first inoculation experiment to succeed was performed by Maragliano, who in 1896, caused rheumatic symptoms in rabbits by inoculation of a bacillus from the blood of rheumatic patients. Walker and Ryffel have succeeded in isolating from the blood of a rheumatic patient an albumose, which, when injected into animals, has the power of exciting hyperpyrexia. Experimental evidence is abundant to indicate that the specific organism of rheumatic fever is the diplococcus, which is capable of assuming a streptococcal form,

and which possibly may acquire a bacillary type in course of further involution. Riva, Triboulet, Coyou, Apert, Wasserman, Westphal, Mackoff, Klebs, Popow, Netter and Dana, and more recently Poynton, Paine, Beattie, Walker and Shaw, have described a diplococcus as the specific organism exciting acute rheumatism. This organism has been styled the diplococcus rheumaticus.

Symes has been able to isolate this diplococcus from the urine of a patient suffering from rheumatic fever, and from the blood of two patients with ulcerative endocarditis following attacks of acute rheumatism. It is, however, always difficult to demonstrate the cocci in the blood and effusions, and better results are obtained by cutting and staining sections of local lesions, such as inflamed synovial membrane, cardiac vegetations and subcutaneous nodules. Inoculated into rabbits and monkeys by intravenous injections, according to Symes, it produces myocarditis, pericarditis, endocarditis, arthritis, chorea, pleurisy and iritis, lesions identical with those found in rheumatic fever. Inoculations into animals are not, however, always successful.

Newsholme, an English writer, in the "Milroy Lectures of 1895," very ably calls attention to many facts in the epidemiology and clinical history of rheumatic fever, which indicate that the disease is of an infectious nature. He points out that rheumatic fever appears in epidemic waves, recurring every three, four or six years. Epidemics occur as a rule in years of minimum rainfall when the soil is dry, the ground-water low, and the earth temperature high. This would point to the saprophytic nature of the specific organism, and to its requiring certain conditions of temperature and moisture in order to obtain a maximum growth. The seasonal curve of rheumatic fever, according to this same writer, closely resembles that of other infectious diseases, such as scarlet fever (with which it is closely associated) and typhoid fever; and, like these, the disease is subject to wide variations of type.

Medical literature now has on record many cases of the apparently direct transmission of rheumatic fever from one person to another. Hawthorne (in the *British Medical Journal*, December 26, 1903) gives particulars of five cases, and a probable sixth, occurring in or near one house, with intervals of from a few days to one week of each other, and in one family. Newsholme has published an interesting table showing the frequency of multiple attacks



in one house. The heavy incidence of the disease on young persons and the special proclivity of certain families and persons to infections, are characteristics shared with many of the acute fevers. (Symes.) The high leucocytosis is another indication of an acute infection.

The clinical picture of acute rheumatism is typical of an infective disease. The tonsillitis, with which it is frequently ushered in, indicates the probable source of infection. The course of the fever, the successive involvement of joints or serous membranes, the relapses, the sweating and the various complications associated with it, are worthy of mention in this connection. The fact, too, that the disease is controlled by salicylic acid, a drug of marked antiseptic value, is interesting, because in this it resembles diseases such as malaria, which are commonly associated with parasitic invasion.

From a consideration of the foregoing data it seems reasonable to conclude that rheumatic fever is an acute infection of the tissues by a specific organism, the diplococcus rheumaticus, and this view affords the most satisfactory explanation of the various phenomena of the disease. Other theories of the pathology of rheumatism have been propounded as we have already seen. Mitchell held that exposure to cold and wet acting on the cutaneous nerves sets up lesions in the spinal cord, and that the many rheumatic manifestations were secondary to these. Prout originated the idea that rheumatic fever was due to the presence of lactic acid in the blood, and Latham and Haig attribute the disease to excess of uric acid. Although these theories have received considerable support, the evidence adduced on their behalf is far from conclusive, and the same remark applies to those theories which attribute the disease to toxins, or the products of perverted metabolism (Winters), which are regarded as acting directly, or through the nervous system.

*Lesions.* The joint lesion is an acute exudative inflammation of the synovial membranes with congestion and an exudation of serum, but only rarely a production of pus or fibrin. It is seldom possible to demonstrate the micrococcus in the fluid drawn off from the inflamed joint, but in animals in which the disease has been artificially produced, the microbic invasion is seen to affect the synovial membranes, ligaments, tendons and muscles. Of the connective tissue membranes the pericardium and the endocardium are the ones most fre-

quently inflamed; less often the pia mater, the plura and the peritoneum.

Micrococci can generally be demonstrated in the exudate of rheumatic pericarditis. In malignant endocarditis, when due to the diplococcus, there are found on one or more valves large circumscribed fleshy vegetations, or abrasions or ulcers leading to perforation, or rupture of the valves.

The formation of subcutaneous nodules is an interesting phenomenon of rheumatism. These nodules often appear and disappear in a few days and are mere deposits of inflammatory exudation rapidly poured out and rapidly absorbed. The more lasting ones depend on a subsequent formation of fibrous tissue.

There may also be an inflammation of the iris, the pharynx and tonsils, and the lungs. Chorea, aneurysms, phlebitis, venous thrombosis and conjunctivitis are rare conditions, occurring occasionally as complications or sequelae of acute rheumatism.

*Symptoms.* The symptoms of acute articular rheumatism present a clinical picture with which we are all familiar; sometimes we see a prodromal period of a few hours or several days with general malaise, headache, irregular chills, a little fever, irritability, sleeplessness, coated tongue, anorexia, urine loaded with urates, and irregular pains about the joints. Or the invasion may be very sudden, with chills, a rapid rise of temperature, and inflammation of one or more joints. Or there may be only pain and stiffness of the joint, or joints, gradually increasing, and followed after several hours, or days, by fever.

When the disease is established there is continual fever, full, rapid pulse, skin hot and dry, or bathed in profuse acid perspiration. Dr. Winters regards this latter symptom as pathognomonic of the disease in its typical form. The tongue is coated, the bowels are constipated, the urine is diminished in quantity and loaded with urates, the mind is clear, but restlessness and sleeplessness are marked features. One or more joints are inflamed, swollen, painful and tender. The cases vary as to the severity of the pain, the intensity of the synovitis, the number of joints inflamed, and the order in which one joint after another is involved.

*The Complications* of the disease are divided by Dr. Delafield into three classes:

1. Hyperpyrexia, accompanied by rapid and feeble pulse, headache, prostration, muscular twitchings, general convulsions,



delirium, coma and usually death after a few days.

2. Pericarditis and endocarditis. Of the former, some of the cases recover completely, others recover with permanent pericardial adhesions, while still others die from the pericarditis. Of the cases which recover from an endocarditis, the valves which have been inflamed are left permanently damaged.

3. Complicating inflammations of the pia mater, pleura, or lung, which give their ordinary symptoms.

Death in the course of acute rheumatism is usually due to hyperpyrexia, pericarditis, endocarditis, pneumonia, pleurisy or meningitis.

*Diagnosis.* Acute articular rheumatism and gonorrhoeal rheumatism are often confounded. But if we remember that the latter is a decided local disturbance, that the effusion is apt to be very great, and the constitutional disturbance slight, the diagnosis is simplified.

Typhoid fever and pneumonia, in the very early stages, have been mistaken for rheumatism because of the pyrexia, the pains in the joints, and the aching in the limbs. Syphilitic arthritis is accompanied by the characteristic secondary rash, and the history of an initial lesion. Necrosis and suppuration of the long bones near the joints sometimes give symptoms which cause a mistaken diagnosis of rheumatism to be made. The fact that the latter disease is seldom mono-articular aids us in making a correct diagnosis in these cases.

The arthritis of pyaemia is a progressive inflammation of the joint, which does not quickly subside to shift to another joint, as in articular rheumatism. The hot, dry skin over the inflamed joint, the presence of some septic focus, suppuration, and frequent rigors are characteristic symptoms of pyaemia.

Gout is a disease of very sudden onset, affecting the smaller joints, especially the great toe. The pain is more intense, the redness more marked, the oedema of the adjacent tissues more pronounced in this disease than in acute rheumatism. Rheumatoid arthritis is a progressive inflammation of the joints. It does not yield to the salicylates, like rheumatism. The pigmentation and wasting of the muscles, in the later stages, are pathognomonic. Poliomyelitis and osteomyelitis in children, and blood effusion into joints in cases of haemophilia, are rare conditions which have been mistaken for rheumatism.

Neuritis, neuralgias, myalgias, synovitis, myositis, traumatic osteitis and periosteitis are other conditions from which at times it is necessary to differentiate acute rheumatism. Orthopedic deformities, such as flat foot, certain occupation neuroses and symptoms due to pressure from tumors, especially those occurring in the retro-peritoneal lymphatics, and involving the nerve trunks and plexuses in these regions, have occasionally to be considered in making a differential diagnosis.

*Prognosis.* The mortality in acute rheumatism is less than 2 per cent., and is greater among children than among adults. Hyperpyrexia is a very unfavorable complication, and malignant endocarditis always terminates fatally. Pulmonary lesions indicate a virulent infection, and cases complicated by chorea, especially at puberty, are apt to be severe.

Heart complications are not often fatal, but they are to be feared because of the grave organic changes and mechanical defects which they frequently produce.

*Treatment.* Salicylate of soda is generally considered to be a specific for the acute active manifestations of this disease. The natural salt is to be preferred to the synthetic product. Oil of wintergreen, salicin, aspirin, spiracin and salophen are all favorite remedies.

These drugs do not seem to shorten the duration of the disease or lessen the liability to complicating inflammations, their favorable effect being manifest mainly in the improvement in the constitutional symptoms and in the inflammation of the joints.

With a coated tongue it is customary to give calomel, followed by rhubarb and soda. For excessive pain in the joints, phenacetin, antipyrine, salol, and opium in small doses, seem to be the favorite remedies. Tinct. belladonna is useful in controlling the excessive sweating and also in relieving pain. Feeble and anaemic patients are often benefited by the iodide of potash. Iron, quinine and cod liver oil are called for in these cases as soon as the pyrexia subsides. Gouty patients should have colchicum combined with their salicylate of soda.

Fat, florid, overfed patients are often best treated by the alkalies, the favorite one being bicarbonate of potash given in lemon juice, sometimes combined with small doses of quinine. Fuller, who introduced this treatment into England, gives the following directions: Dissolve 90 grains of bicarbonate of soda and 30 grains of acetate of potash in 3 ounces of water. Add 1 ounce

of lemon juice and give while effervescing. This is repeated every three hours until the urine is alkaline and then gradually diminished.

Delafield's plan is as follows: One hundred and twenty grains of bicarbonate of potash is given in solution with 1 ounce of lemon juice, every three hours for four days. After this the patient is to take 30 grains of bicarbonate of potash with 3 grains of quinine, dissolved in lemon juice three times daily. The bowels must be made to move daily. For the tonsillitis a gargle or spray containing salicylate of soda and bicarbonate of soda should be used.

The serum treatment has not been tried on this continent but experiments with it have been made recently by several European physicians. Menzer's streptococcic antitoxin, a bacteriolytic serum obtained from cultures made from the throats of persons suffering from rheumatic angina, has been tried by Symes and others. No ill-effects have followed large doses, injected into the thigh. It should be stated with regard to this mode of treatment that it is appropriate in obstinate cases that do not yield to the ordinary remedies, particularly cases of malignant endocarditis of rheumatic origin.

Rest in bed is essential; three to four weeks in mild cases, eight weeks in the severe cases, where there has been a cardiac complication. The bedroom should be warm, well ventilated and heated by an open fireplace. Daily sponging with hot water, and frequent changing of sheets and night-gowns if there is much sweating, is a plain indication.

*Local Treatment.* Wrapping the inflamed joints in cotton-wool and lightly bandaging is a favorite procedure. Warm moist dressings, while grateful to the patient, necessitate frequent handling of the affected parts, and are objectionable on that account. Symes advises wrapping the swollen joints in lint saturated with a mixture of one part synthetic oil of wintergreen and three parts olive oil, covering with oiled silk and wool, and fixing with a starched bandage. This is left on forty-eight hours and renewed if necessary. Mesotan (Bayer) may be substituted, mixed with an equal part of olive oil, if the odor of the wintergreen is objected to. This mixture is painted on twice daily, first the front and then the back of the joint being covered, and a light bandage applied, but no cotton-wool or air-proof material is used. Obstinate cases are often benefited by Spanish-fly

blisters or iodine. Osler recommends the application of the Paquelin thermo-cautery.

If the patient recovers from the rheumatism and but one joint remains inflamed, this is treated first by the application of cold, then by rest and pressure, and finally by gentle massage and passive motion.

Cases complicated by hyperpyrexia are to be treated by cold baths. Stimulants of strychnine, whiskey or brandy are to be given only if the action of the heart seems to require them.

Pericarditis is treated best according to the method of Dr. D. B. Lees. Six to eight leeches are applied over the right side of the heart. When these have been removed, an ice-bag sufficiently large to cover the whole precordium, and filled with small pieces of ice, is placed over the heart, kept in place by a binder having a hole in it for the screw cap of the ice-bag. Hot bottles are applied to the feet and sides to keep the patient warm, and strychnine is given regularly by hypodermic injection. Ice-bag and hot water bottles are refilled as required. Cotton applied over the ice-bag will absorb the moisture of condensation. The ice-bag may be removed for a few hours at night, but this treatment is to be continued until the temperature remains normal, and the signs of cardiac dilatation and inflammation show evidence of abatement. Salicylate of soda or strontium is given in full doses. Blistering the precordium may be tried as a substitute for Lees' treatment, along with opium in sufficient dosage to control the pain, and the free use of the salicylates.

The patient should be carefully watched for symptoms of endocarditis, even after convalescence has begun. Dr. Caton recommends for endocarditis, in addition to the salicylates, sodium or potassium iodide, 8 to 10 grains, three times daily, and the application of small blisters over the front and side of the left chest in the third, fourth, fifth and sixth intercostal spaces. One blister is applied daily, but this treatment is continued for many days. The ice-bag treatment may be tried at the outset in the manner outlined for pericarditis. Strychnine, digitalis, ammonium carbonate, opium and alcohol have their field of usefulness when indicated.

Treatment by "hot-air" has its adherents in the therapeutics of rheumatism. This agent relieves stasis, and stimulates sluggish metabolism. If more than one joint is affected, as many as possible of them should be treated at once with as many sep-



arate apparatus. The general body treatment is useful but not essential for removing metabolic impairment from systemic toxæmia and debility. The local treatments should be applied twice daily at a temperature of 400° F. for an hour, until soreness and pain in the parts have entirely disappeared. Dr. Skinner, who advocates this plan of treatment, claims that an application of dry hot air will remove the pain from the most violent cases for a variable period, ordinarily six or eight hours.

The use of electricity has many advocates in the treatment of articular rheumatism, but like hot air, is more suitable for hospital or sanatorium use than in private practice. For the local relief of an affected joint, Dr. Monell advises that a rapidly interrupted high-tension induction coil current be passed between two electrodes situated on opposite sides of the joint. Swollen and inflamed small joints may be best treated by galvanism, immersing the affected part in a water bath electrode containing bicarbonate of soda and connected with the positive pole, while the negative is applied to any convenient situation. It is claimed that this method gives great relief when pain is due to intense congestion or the pressure of fluids. In the case of large joints a large positive electrode can be fastened around the part. The positive galvanic current relieves pain and stiffness and increases the mobility of the joint.

Hydrotherapy is another agent which has its chapter devoted to the treatment of acute articular rheumatism. Dr. Kellogg in his valuable work on this subject, enumerates the following conditions, in which hydrotherapy is of great service; (1) to combat the inflammatory process in the joints; (2) to prevent extension of the disease to the heart, lungs, pleura and meninges; (3) to encourage elimination; (4) to relieve pains in the joints; (5) to control profuse perspiration; (6) as an antipyretic measure in fever and hyperpyrexia; (7) as an adjunct in the treatment of endocarditis, pericarditis, pleurisy, pneumonia, cerebral rheumatism, articular effusions, etc.; (8) to prevent permanent damage of joints. The hot blanket pack, the sweating wet-sheet pack, hot fomentations, the heating compress, hot enemata, the neutral bath, the cold mitten friction, the ice cap, coloclusters, the douche, the Scotch douche, are all described in detail, and their indications outlined. Promoting cutaneous activity, according to this author, aids the elimination of lactic acid. The patient should be drenched with water

through both the stomach and rectum, to encourage profuse perspiration, and prevent undue increase in the specific gravity of the blood. All hydro-therapeutic measures must be used with great care to avoid retrostasis. Chilling the patient will increase the pain. Those hydiatic measures are most appropriate and efficient which aid heat elimination by dilating the surface vessels rather than by lowering the temperature of the skin.

Milk should be the principal, if not the sole article of diet as long as evident symptoms are present. It may be diluted with soda water or vichy. Burney Yeo's plan is to mix a pint of milk and a pint of water, and to this he adds 30 grains of bicarbonate of soda and 10 grains of common salt. This mixture is iced, and given the patient a tumblerful at a time. He also allows iced lemonade, made by tearing open a lemon, and boiling it for ten minutes in a pint of water, and adding 30 grains of bicarbonate of potash. As alternatives to milk, oatmeal gruel, barley gruel, arrowroot gruel, Mellin's Food, or any other of the proprietary foods, tea or thin cocoa, or Russian tea are all permissible. Broths made from oysters or clams, raw oysters, milk toast, buttermilk, koumyss, soups and broths, are also suitable alternatives where the patient cannot or will not take milk. This diet should be maintained for at least a week after the subsidence of the pyrexia.

As the acute symptoms disappear and the temperature falls, cereals and gruels without sugar may be given. Vegetable soups, such as pea, asparagus, celery, potato, bean, tomato, are nutritive and appetizing. Bread, butter, milk puddings, cornflour, egg-flip, junket, baked potato, green vegetables and fresh fruit, come later, as the tongue begins to clear and the rheumatism disappears. Meat, fish or game, salads, oysters and eggs may be given once daily during the latter part of the period of convalescence. If anaemia is very profound, it is not wise to delay returning to animal foods too long.

The convalescent patient should be given advice on prophylaxis, and the prevention of subsequent attacks, because relapses are of frequent occurrence. The clothing next the skin should be warm, and great care should be exercised to avoid exposure to cold or wet, and to guard against "chill." Excessive fatigue, bodily or mental, is a predisposing factor. Enlarged tonsils should be removed and bad teeth carefully attended to.

The general health should be maintained at as high a standard as possible. The di-



gestion should be looked after and the bowels regulated. The diet should consist of vegetables and fruit, milk, cream and fats in abundance. Meats are to be eaten sparingly, and salted meats, excepting crisp well-cooked bacon, are best avoided. Sugar, pastry and sweets should be indulged in sparingly, and alcohol absolutely prohibited.

At the first indication of a return of the disease, the patient should take to bed and resume the salicylates.

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## Clinical Department.

### A CASE OF CARBOLIC ACID POISONING AT ST. BARNABAS HOSPITAL.

Reported through the courtesy of Drs. Hagar and Hollister.

X. Y., aged 19, had taken about an ounce of carbolie acid.

On admission to the hospital, 10 P. M., the patient was in coma, breathing stertorously, pupils contracted and extremities cold and cyanotic. The pulse was not felt at the wrist.

Treatment by Drs. Wright and Black, internes. The stomach was washed out with 95 per cent. alcohol, followed by plain water. This was followed by saturated solution of magnesium sulphate and a hypodermic of strychnin, 1-30 grain. At the end of an hour the patient was still pulseless, with extremely shallow respirations.

He was then transferred to the ward and preparations were made for giving a hypodermoclysis of salt solution. While getting ready for this the patient was given solution of adrenalin chloride 1-1,000, twenty minims, directly into one of the veins of the arm and about two minutes later the pulse was perceptible. When the physicians were ready to give the hypodermoclysis the pulse again failed and respirations ceased momentarily, but were set going again by manipulation of the chest. The patient was also given strychnine, grain 1-10 hypodermatically, and solution of adrenalin, twenty minims was again given subcutaneously.

The pulse revived and while giving the hypodermoclysis of normal salt solution, 500 cc., and solution of adrenalin 2 drams, the pulse and respirations continued to improve.

One hour later the patient regained consciousness and morphine was required to ease his pain. The patient had a very uncomfortable night on account of a pain in the middle of the chest, probably due to the fact that in washing out the stomach the oesophagus was overlooked, the alcohol being syphoned out of the stomach without drawing the tube out enough to let the solution come in contact with the oesophageal mucous membrane.

The next day the patient was very comfortable and able to eat soft food.

Another case last August receiving the same treatment, recovered also.

## Correspondence.

*To the Editor of the Journal:*

SIR:—I have read with much interest the communication from Dr. E. W. Hedges in the February number. He sees the difficulties of the situation in the same light that the chairman of the Committee on Scientific Work did, (see JOURNAL for August, 1905, p. 53), but comes to a different conclusion.

Please allow me to say that the Programme Committee has the power and probably will arrange it so that the surgical and gynecological subjects shall, as far as possible, follow each other directly. This will have the same effect as having two sections and avoids the necessity for two chairmen and the very bad feature of two sections meeting at one and the same time in a body as small as ours. Sincerely yours,

TALBOT R. CHAMBERS.

*To the Editor of the Journal:*

SIR:—Here is a letter from Dr. McCormack. It speaks for itself: Why not have a special meeting of every component society in the State for the sole purpose of getting this valuable aid and taking action on it. The council could make arrangements, combining two or more societies and appointing the times and places for such meeting. It is possible, great interest might be awakened, and certainly it would do no harm.

Respectfully, TALBOT R. CHAMBERS.

BOWLING GREEN, KY., January 10, 1906.

Dr. Talbot R. Chambers.

Jersey City, N. J.

DEAR DOCTOR:—Protracted absence from home has prevented an earlier reply to your very kind letter of the 2nd ult. If it could be arranged through your council, I would very much like to visit and address each of your county societies upon the subject of organization. I am not sure just when I could get there, probably not until the fall, but I am sure that very much more could be done in this way than by attending the State society, as it would enable us to reach the stay at homes in a large measure. You will understand that my work is done entirely at the expense of the association, and that nothing is asked of the officials of the State society except that they arrange the itinerary and give the appointments such publicity as will secure the fullest possible attendance.

Thanking you for your letter, and hoping to hear from you at your convenience. I am,

very truly yours, J. N. McCORMACK.

TRENTON, N. J., March 7, 1906.

*To the Editor of the Journal.*

SIR:—Noticing the article in the March edition of the Journal, page 289, under the heading of "Trenton Doctors Plead Guilty," which was copied from the Newark Evening News, permit me to say a word. The Physicians mentioned in this article are connected with the Trenton Emergency Hospital, a stock company formed for the purpose of giving surgical treatment for \$1.00 a year, and were dropped from the Medical Society for being connected with this institution, although they

agreed, as stated, to abolish the contract plan as soon as possible.

The reason this institution was started and conducted on this plan was because 90 per cent of the physicians of the Mercer County Medical Society were at the time engaged in contract or lodge work, visiting persons and rendering professional services at their homes for \$1.00 a year, which practice was upheld by a number of the members on the ground that it was a necessary evil. But since the Emergency started, they immediately woke up and every physician in the city signed an agreement whereby he refused to take any contract at so much per capita or by the year, month or day, thus doing away with the contract work. It was for this reason the physicians connected with the Emergency Hospital have agreed to sever their connection with it, just as soon as it can be honorably done, and to lend their aid in keeping out contract work.

In order to prevent a like institution being started in our midst, a personal letter has been sent to every member of the society, offering to continue the hospital under the same name, but as a strictly private institution, rendering aid free only to those who are unable to pay for it, but as we have failed to receive any encouraging replies, we have decided to sell the institution at the first opportunity. Feeling that we have been instrumental in abolishing contract work is a source of gratification to us and of benefit to our brother practitioners. With best wishes for the future success of the JOURNAL, I am,

Yours fraternally, W. J. HALL, M. D.

#### THE BOSTON SESSION OF THE AMERICAN MEDICAL ASSOCIATION.

The Boston session of the American Medical Association will be the largest ever held. There is no doubt of it. It will be forty-one years since the association met in New England, and the historical attractions will, of themselves, be sufficient to draw many to the meeting. The members of the profession from New York—city and State—will go as they have never gone before. From the South, the Southwest and the extreme West, there are more inquiries about railroad rates, accommodations at Boston, etc., than in any other year. New England itself is also being heard from in a way to show that it will be unusually well represented at the session. The officers of nearly all the sections report filled programs unusually early and more evidence of interest in scientific work. While the passenger associations have not acted definitely, those in authority have given assurances that half rates will prevail, with the extension of time to those who want to extend their visit in New England. It is hoped that provisions will be made to accommodate those who want to go by one route—say by the lakes—and return by another. Many foreigners have already accepted invitations to attend, among them Professor Trendelenburg, Leipzig, Germany; Mr. Reginald Harrison, London, Eng.; Professor von Rosthorn, Heidelberg, Germany; Professor Duhrssen, Berlin, Germany, and Professor von Frey, Wurzburg, Germany. Hence we repeat: The Boston session of the American Medical Association will be the largest ever held—and the Boston people know it and are acting accordingly. Committees have been working for months making preparations, and they promise good accommodations and a thoroughly interesting and profitable time to all who attend.—*Journal American Medical Association.*

#### A DECENT NEWSPAPER.

The *Ashland* (Neb.) *Journal* declares that it will not take advertisements from fraudulent patent medicine companies. It expresses its indignation over the fact that newspapers which should stand as defenders of the home accept the advertisements of these frauds and help them reach their victims. The editor admits that some testimonials are genuine and that some persons are helped by these nostrums, but he calls attention to the fact that the same can be said about whisky, and that both the nostrums and the whisky are responsible for thousands of dishonored graves, wrecked lives, ruined homes and broken hearts. The editor says further that his paper "needs advertising as badly as any paper in the State, but it does not need it badly enough to accept one line that it does not believe is thoroughly reliable, and we have no space for any medicine we do not know to be absolutely reliable."

"Ashland has a number of physicians whose abilities and characters stand unquestioned. We have drug stores where absolute honesty and accuracy are beyond doubt. Our physicians and druggists are men whom one can trust with the health and welfare of his loved ones with perfect confidence that the trust will be regarded as sacred and holy—men who would not endanger the lives of their patients for any amount."

"Health is the most precious blessing of this life, and we can not guard it too carefully. Don't risk it with patent medicines put up by strangers. Go to your home doctor."

#### SOME INTERESTING REPORTS.

##### The Report of the State Board of Medical Examiners, of the State Hospital at Morris Plains, and of the State Village for Epileptics.

The State Board of Medical Examiners has presented its fifteenth annual report to the Governor. Two hundred and sixty physicians passed the board last year of whom 23 per cent. held scientific or literary degrees, and 91 academic, and 50 medical institutions were represented by the licentiates. The examinations were held in June and October. Of those applying 20 per cent. were rejected. Of all the practitioners now in the State, about 79 per cent. are licentiates of this board. Two examinations of candidates for license to practice mid-wifery were also held and of 56 examined, 40, or 72 per cent. were licensed.

The report presents in a cogent and succinct form the arguments against lowering the safeguards thrown about the practice of medicine in New Jersey by licensing osteopaths or anyone else to practice unless they shall have fully complied with the present law.

It takes a just pride in the fact that there is at last reciprocity between this State and New York in the matter of medical license and that this is the only State that stands in that relation to New York State. Besides New York fifteen other States endorse the license of our State Board. The report reflects credit on the State Board and on the profession of New Jersey.

The report of the State Hospital at Morris Plains is the thirtieth annual report. It contains much matter of interest and a number of recommendations showing that in many respects at



least the institution is still in a backward or undeveloped state. There were 1,674 patients in the hospital at the close of the year, 390 had been admitted, 120 had died and 197 had been discharged, all but 11 of whom were improved or recovered.

The condition of the bakery is disgraceful. According to the report only about two-thirds of the bread baked in it is used, the rest, owing to its unpalatability and thick hard crust, is wasted.

In the provision of facilities for the employment and amusement of patients the institution is a century or two behind the best asylums. This is a matter upon which we have animadverted before. It is not only a great waste of the resources of the State not to set the inmates at some productive employment, but such employment is probably the best means for improving the bodily and mental health of these unfortunates and would in a constantly increasing percentage of cases lead to a permanent cure if their minds and bodies could be profitably employed at suitable and productive labor.

There is need of more electrical appliances and of a better equipment in the pathological laboratory. There seems to be no proper laundry machinery. The Legislature having built a building and then failed to equip it. The reservoir of reserve water is also inadequate and the dam improperly constructed, increasing the danger of fire and, in case the dam should burst, of damage to adjoining property. The lighting facilities and the sewage disposal plants are old-fashioned and inadequate.

The report of the Board of Managers deals also with the county asylums in Essex and Hudson counties, and the care of the insane in Passaic County in the County Alms House. The latter practice the report condemns. It commends the Essex County Asylum management and severely arraigns that of Hudson County.

On the whole, the report is a disappointment and should bring sorrow and repentance to all those responsible for the lax and antiquated manner in which the affairs of this great institution have been administered. It is to be hoped that the next annual report will disclose a more satisfactory state of affairs.

The managers of the New Jersey State Village for Epileptics present their eighth annual report. From the halting and spasmodic manner in which public improvements develop in this State one would scarcely expect this public charity to have made a good start in eight years. They, however, acquired nearly 300 acres more land last year so that their farm now comprises 779 acres. The report says, "This enlargement of the grounds is the best (possible) policy, as farm work and other out-door labor is of the greatest remedial value in the treatment of patients." To which we say, Amen.

A hospital is badly needed and should be built at once and also separate buildings for the care and, if necessary, the detention of violent and excited patients.

It appears that there are many applications on file for admission to this institution which cannot be granted for want of room. Still the tone of the report is encouraging and we think that the management and the medical superintendent have done good work and will do better as they get better facilities. At the close of the year there were 146 patients in the institution, 91 males and 55 females.

## Book Review.

### MAN AND HIS POISONS.

A PRACTICAL EXPOSITION OF THE CAUSES, SYMPTOMS AND TREATMENT OF SELF POISONING.

By

**Albert Abrams, A. M., M. D., (Heidelberg)**  
**F. R. M. S., Consulting Physician Denver National Hospital for Consumptives, etc. Illustrated.**

New York, E. B. Treat and Company, 1906. 12 mo. cloth, 260 pages, \$1.50.

This entertaining book has been written, in part at least, as a protest against the prevailing fashion of ascribing all diseases and even bodily decay to germ infection. The mental horizon of man is so constricted that while he grasps one aspect of a protean and involved question, he loses sight of others. Just now all conceivable states of the body and mind are attributed to germ invasion and the idea is gaining ground in both professional and lay circles that if we ever succeed in getting all the germs photographed, classified and labeled we shall know the cause of every ill which the flesh is heir to and, by proceeding to ascertain the appropriate germicide, we shall be on the high road to success in the cure of every possible disease.

Dr. Abrams has done creditable work in pointing out many ways in which man impairs his own health and by his voluntary acts shortens his life and ends his days in suffering.

The book is suggestive rather than exhaustive. It has a good bibliography for the use of those desiring to pursue further many of the interesting themes touched upon, and is well indexed and printed.

### MASTOIDITIS, ACUTE, INDICATIONS FOR OPERATING IN.

The indications for operation in acute mastoiditis are summarized by the writer as follows: (1) Sudden cessation of the aural discharge, other symptoms persisting, with deep-seated pain in mastoid region. Marked sensitiveness to pressure on the mastoid over an area extending well beyond the limits of the antrum. (2) In the absence of fever, the above symptoms, unless yielding promptly, *i. e.*, in from twenty-four to forty-eight hours, to abortive measures. (3) Marked tenderness over the antrum, persisting from four to five days after free incision of Shrapnel's membrane. (4) Marked variations in the quantity of pus discharged; its maximum flow being apparently too great to be explained by the tympanic lesion; its period of diminution being coincident with the development of mastoid pain or tenderness. (5) Mastoid tenderness having been present and having disappeared, a discharge from the tympanic vault, which resists all rational nonoperative measures. (6) Finally, evidences of mastoid involvement having been present, the development at any time during convalescence of symptoms of septic absorption.—*Monthly Cyclopaedia of Practical Medicine.*



# THE JOURNAL

OF THE

## Medical Society of New Jersey.

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APRIL, 1906.

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*Each member of the State Society is entitled to receive a copy of the JOURNAL every month.*

*Any one failing to get the paper promptly will confer a favor upon the Publication Committee by notifying them of the fact.*

*All communications relating to the JOURNAL should be addressed to the Committee on Publication, 794 Broad street, Newark, N. J.*

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### NOW FOR BETTER ORGANIZATION.

We print in our correspondence column letters from Drs. Chambers and McCormack which explain themselves. Dr. Chambers has evidently informed "the organizer" of the American Medical Association that there are many good men in New Jersey who are not yet members of the State Society and are therefore not eligible to membership in the American Medical Association.

Dr. McCormack's offer to visit every county society in the State and exert his wonderful power as an organizer in getting up the necessary enthusiasm and getting the men together, is characteristic of the man, and is, of course, due to the same spirit of unselfish devotion and good generalship which has brought the National Association to its present excellent status.

The JOURNAL has always taken the keenest interest in medical organization. We believe that self-preservation alone, not to mention our duty to the public, will sooner or later compel us to bind ourselves more closely together against the quacks, abortionists and irregular practitioners. These people never sleep. Their attempts to break down all good medical legislation by the introduction of harmful bills into the Legislature, are renewed every year; while the laws already enacted are defied and evaded, generally speaking, with impunity.

When the law-breakers are driven out of New York and Philadelphia, some of them will assuredly drift over into New Jersey. We must be prepared to meet them. We must, in the future, do many things that we leave undone now, because we are weak and badly organized.

By all means let us welcome Dr. McCormack with open arms. Let us arrange, as Dr. Chambers suggests, meetings of every county society in the State, to listen to his suggestions and consider the plans for better organization which he will propose to us. Certainly, if he is to come all this way to see us at the expense of the National Association, and will take the time and trouble to travel all over this State, we ought to do the small part he asks of us and get every member of the State Society to pledge himself to attend the meeting of his county society, at which Dr. McCormack will speak, to meet the doctor socially and to confer with him on these important questions.

To meet him will be pleasant and profitable for all. To decline to do so will be worse than unmannerly; it will be boorish.

We hope that the council will very soon get into communication with the county secretaries and that an itinerary for the doctor can be arranged for the fall, as he suggests in his letter.

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### WORDS WITHOUT WISDOM.

As a curious mélange of sophistry, half-truth and mis-information, the leading editorial in the *Medical Record* of March 10th, '06, is certainly a noteworthy production.

Exactly what the aim of the writer of the article may have been unless he is trying to obscure the issue by throwing dust in his readers' eyes, we confess that we cannot determine. There is nothing ambiguous about our position on the "nostrum evil" and we believe that our advice to our readers has been sufficiently plain so that every one of them understands it. If a plain simple law, like that proposed by the *Ladies' Home Journal*, could be passed to the effect that the contents of every package of medicine, "secret," "patent," "proprietary,"

"ethical," or what not, should be plainly printed on the wrapper and that some responsible body, like the Council on Pharmacy and Chemistry of the American Medical Association, should be required to verify the truth of the statement and guarantee the purity of the ingredients, the so-called difficult problem would be solved. Nostrums would be no more and it would make no difference whether a remedy was official and listed in the pharmacopeia or not, there could be no "ethical" or common sense objection to using any remedy new or old, providing that the prescriber knew what he was prescribing, and did not prescribe in ignorance of the name and properties of the drug, like the doctor who recently wrote for veronal, of which he knew so little that he was obliged to ask the patient how to spell the word, the patient died, and it is alleged that death was due to taking the drug.

We will not take the time to speak of the lessons to be learned from this unfortunate occurrence, except to say that it is only a striking instance of the all too prevalent habit, on the part of medical men, of believing whatever the advertisements say in regard to these specially exploited remedies, and being willing to accommodate a patient by writing for something of which they are ignorant, but which is advertised as safe. For the sake of preventing such misadventures, ordinary prudence demands that some authoritative body analyze all these preparations and inform the profession, and the public too, at least whenever they are advertised to the public, precisely in regard to them. Instead of inveighing against the Council on Pharmacy and Chemistry, we believe that it is entitled to our hearty endorsement and have noted with pleasure that it has the support and approbation of the best men in the profession and most of the reputable journals. That the learned and hitherto fair-minded editor of the *Record* should condemn so worthy and so necessary a movement causes us a distinct feeling of sadness and disappointment. Supposing that he does not approve of the method, the

motive back of it ought to win his sympathy and support.

He acknowledges that we need pharmaceutical reform and yet has no patience with those who are trying to effect it. That Dr. Billings, in a paper urging the profession to prescribe only drugs listed in the pharmacopeia, used the word last when latest would have been better and did not give the correct date of the incorporation of acetanilid in the pharmacopeia are such trivial matters, so far as the drift of the argument goes, that they require no comment. That we belong to the satellites of the great *Journal* we acknowledge, and are not ashamed of it. But that one of these so-called satellites, *The California State Journal of Medicine*, really started this movement to reform the medical journals of this country and deserves the credit for having done so, the editor of the *Record* must know perfectly well. To say however even by inference that the Council on Pharmacy and Chemistry are "foolish and discordant Chicago missionaries" is unworthy of our learned friend.

The remarks of Dr. Morton Prince in Boston recently seem to give our editor much comfort and he expresses a wish to transcribe them freely into his editorial. This must be a passing pleasantry, for Dr. Prince's remarks, as reported in the *Boston Medical and Surgical Journal*, if given entire, would by no means support the attitude of the editor of the *Record*. We may just as fairly quote a sentence or two of Dr. Prince's remarks, and in truth it would more justly represent the gist of his argument than the quotation in the *Record*. Amongst other things he said: "It would have a wholesome effect upon the community if the prescribing, dispensing and sale of all secret nostrums could be prohibited"; and in another: "the fact that the patient is indirectly led to prescribe for himself and the druggist to dispense such drugs, make it undesirable that remedies of which the ingredients are a secret should be dispensed or sold at all." If our friend can get any comfort out of such sentences as the above he is wel-

come to it. But assuredly they do not strengthen his position. Picking out a sentence here and there and not giving the context of an address is scarcely a fair way to quote a man, as every one knows.

We agree that no one is debarred from using any drug of known properties whether it is listed in the pharmacopeia or not, and that if no new drugs were brought forward, either by students or manufacturers, our materia medica would remain stationary. A rather naïve assertion of our editor's. We will go further and say that it is a man's duty to keep abreast of the advances in therapeutics to learn the names of the new drugs and to use them in appropriate cases. But to say that because Osler and others have declared that there is no specific for the treatment of pneumonia or the abortion of typhoid, therefore, the young and inexperienced practitioners are driven to the use of secret remedies is to our mind a wild flight of the imagination.

We can not see that our contemporary has helped his case in the least by this extraordinary editorial, and we wish, for his own sake, that he had not written it. Had he written as fairly, temperately and sensibly as the editor of the *Boston Medical and Surgical Journal*, whose leader in the issue of March 1, '06, was on "The Purgation of Therapeutics," we should not have thought it proper to offer this criticism.

### UNCINARIASIS.

We are fortunate in having an opportunity to present to our readers Dr Harris's paper on this subject, which appears in another column of this issue.

A description of this formidable malady by a competent observer who has spent some years in its study and treatment, can scarcely fail to be instructive and useful.

The demonstration of its cause, the *uncinaria Americana*, the mode of infection, chiefly if not exclusively through the skin and not as commonly supposed by the mouth, and the establishment of a safe, easy and generally efficacious mode of treatment constitute a triumph for scientific medicine

scarcely, if at all, less glorious than the demonstration of the mode of infection in yellow fever.

Since the disease is not thought to be so likely to affect Caucasians as "Yellow-jack" or malaria, much less has been said about it in our medical literature than the great discoveries of Laveran and of Reed, but the elucidation of its etiology and pathology marks a notable advance in medical knowledge.

It is a curious commentary on the fallibility of the learned and the powerful in medicine that 1885 Manuvrier was decorated for a thesis in which the "miners' anemia" of France (now known to be *uncinariasis*) was attributed to certain obscure chemical processes going on in mines superinduced by faulty ventilation and lack of sunlight, etc.

From the report of the Commission for the Study and Treatment of "Anemia" in Porto Rico, to which Dr. Harris refers, several facts of wide-reaching importance are to be gleaned in addition to those contained in her article.

One of these is that *uncinariasis* amongst the laborers will, in all probability, be a serious obstacle in the digging of the Panama Canal. It is not to be expected that this disease, which in Porto Rico, "is a danger much greater than yellow fever has ever been" will spare the workers on this canal.

Fortunately, owing in great part to the labors of this commission and the profession generally in Porto Rico as well as to a number of foreign observers, the cause of the disease, its mode of infection, its prophylaxis and treatment are known. If it gains great headway among the canal workers the authorities will be as much to blame as they were for the shameful and needless sacrifice of human life at Camp Thomas, in the Cuban War.

Judging from the known character and learning of the army surgeons in charge of health matters on the Isthmus and what we know of the circumstances it hardly seems likely that *uncinariasis* will be allowed to gain a foothold there.



The researches of the commission make it almost certain that the anemia and other symptoms of uncinariasis are not due, as commonly supposed, to the loss of the blood which the parasite sucks out of the intestinal vessels of the host, but are due to a toxin secreted by the worm. And this hypothesis lends color to the assumption that the debilitating effects of harboring one or more tapeworms are not due to the fact that the taeniae consume an undue share of the food in the bowels of the host, but to the toxins which are elaborated and cast off by the vital processes of the worm and which the host absorbs. It may be said that Forchheimer's conjecture that the intestinal mucous membrane manufactures hemoglobin is strengthened by the intense anaemia produced by the uncinaria which fastens itself into this tissue and undoubtedly interferes with its functions.

While the outlook for the prosperity of Porto Rico is not as bright as could be wished, owing to the almost universal prevalence of this infection in the island, still the means of prevention are so comparatively simple and withal so efficacious that we do not feel disposed to share the gloomy prognostication of the author of the paper, that the disease will probably finally destroy the inhabitants of this salubrious and fertile spot.

On the contrary, it seems reasonable to anticipate that with the aid of governmental interference and by the dissemination of the knowledge of the simple rules to be followed for the avoidance of the disease, Porto Rico will finally be freed from this terrible scourge.

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### OCHRONOSIS.

*The Lancet*, of January 6, '06, contains a short history of a case of this peculiar condition, illustrated by several colored plates, and a short resumé of eleven other cases.

The condition, which is exceedingly rare, is essentially a blackening of the cartilages of the body and may or may not be accom-

panied or preceded by alkaptonuria—a peculiar dark condition of the urine.

Dr. Pope, who reports the case in *The Lancet*, says of it that "the condition is one that is associated with the degenerative period of life." For although of the rather meagre list of cases which he had been able to collect from the literature, some had hardly passed middle age, "they had almost without exception suffered from wasting disorders or diseases which had profoundly affected the general body metabolism."

As to the cause of the condition Dr. Pope writes as follows: "It seems probable that the fibrous tissues, cartilage included, are, under conditions not at present clearly understood, able to act as a filter and to retain a certain pigment which is circulating in the blood of the origin of which we are also ignorant."

The appearance of the patient when the condition is so far advanced that the bluish-black color of the cartilages shows through the skin seems to be characteristic. Dr. Pope's patient was suffering also from Addison's disease, which perhaps was only a coincidence, but the brown coloration of the skin added to her peculiar appearance. She also had dark urine supposed to be due to carbolic acid poisoning: inasmuch as she had had an ulcer on the leg which had existed for twelve years and had been constantly dressed with a solution of carbolic acid.

Of the eleven cases tabulated from the literature five had black urine and of these two were alkaptonuric, besides which there was one other alkaptonuric case and one doubtful one.

Of the etiology and pathology of these interesting conditions so little is at present known that they are more of interest as medical curiosities than as anything else. Dr. Pope's case being the first one reported from the British Isles.

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### WE FEEL ENCOURAGED.

Our bright and fearless contemporary *The Newark Sunday Call*, after quoting some of our remarks in reference to the

bondage in which the patent medicine manufacturers hold the lay press, calls attention to the fact that his columns are free from flagrant nostrum advertisements.

It gives us great pleasure to note this fact and we feel that we can rely upon the help of our powerful neighbor in the war against this traffic in which we are engaged. The victory is not yet ours, but nearly every week we are encouraged by finding a new ally.

Perhaps some of the members of the religious press may experience a change of heart as time goes on and purge their advertising columns of these lying and fraudulent advertisements.

### CONGRATULATIONS.

The world of medical journalism certainly does move. We predicted in our February issue that our big brother in New York would rise to the occasion and do what ought to be done to celebrate the union of the two societies in his State and the centenary of the older one.

Our predictions have been more than fulfilled, so far at least as the *New York State Journal of Medicine* is concerned.

We congratulate Dr. Warbasse, the editor, and every member of the Society upon the March number of their Journal. They have every reason to be proud of it.

### PHENOMENAL GROWTH.

The number of our paying subscribers, who are not members of the State Society, has quadrupled since January 1st, 1906.

Can any other medical journal in the United States show such a record?

### Married.

**Charles Frederick Baker, M. D.**, of Newark, was married to Mrs. Harriet Johnston Hurd, on December 14.

### Obituary.

**E. Jansen Westfall, M. D.**, College of Physicians and Surgeons in the City of New York, 1871, died at his home in Rahway, N. J., February 18, from pneumonia, after a brief illness, aged 59.

**George J. Howell, M. D.** of Perth Amboy, died in February, of pneumonia, aged 25. He was a member of the State Society.

**Benjamin B. Ferguson, M. D.**, died in Camden, on February 12. He graduated at the Jefferson Medical College in Philadelphia, in 1893, and was 53 years old.

**Emil Luck, M. D.**, Dartmouth Medical School, Hanover, N. H., 1885, died at his home in Paterson, N. J., March 8, from chronic nephritis, after a long illness, aged thirty-seven.

**George Janeway Howell, M. D.**, the University and Bellevue Hospital Medical College, New York City, 1901, a member of the Perth Amboy Board of Health, died at his home in that city, February 3, from pneumonia, aged 25.

**Henry Emory Rothe, M. D.**, Columbia University, N. Y., 1880, died at his home in Harrison, March 4, from apoplexy, aged 65. He was a veteran of the Civil War and surgeon to the Pennsylvania Railroad for the western section of Hudson County. He had also held several political offices and was prominent in fraternal and veteran organizations. He is survived by a widow, two sons and two daughters. One of his sons is Dr. Henry E. Rothe, Jr.

**Lewis Bieber, M. D.**, Department of Medicine of the University of Pennsylvania, Philadelphia, 1867, a veteran of the Civil War, died at his home in Phillipsburg, N. J., February 26, aged 61.

**Peter Van Pelt Hewlett, M. D.**, died at his home in Newark, March 13, after a long illness, aged 59. He graduated at the New York University in 1868, and had practiced in Newark for 38 years. He was an attending physician and curator at St. Michael's Hospital, and visiting surgeon to the City Hospital. It is said that he had supported this institution out of his private funds for a period of two months, some years ago, while the appropriation from the city treasury was suspended. He had been county physician for twelve years, from 1879. He served several terms as a member of the Board of Education. He was a member and ex-president of the Essex County Medical Society, a member of the Newark Pathological Society, of the New Jersey Academy of Medicine, and of the Society for the Relief of Widows and Orphans of the Medical Men of New Jersey.

He is survived by a nephew and niece. The latter was his housekeeper. He had never married.

**John P. Henry, M. D.**, of Jersey City, died March 16. He was graduated from the College of Physicians and Surgeons in New York in 1881. He was consulting physician to the North Hudson Hospital and a member of the American Medical Association, the Bergen County Medical Society and the Society for the Relief of Widows and Orphans of Medical Men of New Jersey.

**Charles Augustus Lindsley, M. D.**, died at New Haven, Conn., March 9. He was born at Orange, N. J., August 19, 1826, and was one of the foremost sanitarians of America. Dr. Lindsley had been an honorary member of the Medical Society of New Jersey since 1872. He was also a member of many other societies. He was well known as a writer on all matters connected with sanitation. He was secretary and executive officer of the Connecticut State Board of Health, which under his wise administration has become one of the most noteworthy in the United States.

## State Society Notes.

Most of the county medical societies hold their annual meetings in April. It is none too soon to remind the county secretaries and treasurers of the duties required of them under the present constitution and by-laws.

I. The secretary of each component society is required to furnish to the secretary of the Medical Society of New Jersey, at least one month before the annual meeting (this year on or before May 19th) *four lists*:

(1) A certified roster of its *total enrolled membership*. This includes all delinquents and suspended members as well as those who are in good standing.

(2) A list as complete as possible of all *non-affiliating* physicians in the county. This includes homeopaths, eclectics and regular physicians who are not members of the component society.

(3) A list of the officers, annual delegates and reporters of the society.

(4) A list of the members who have paid their assessments and are otherwise in good standing.

If a secretary fails to send in lists covering all these requirements on or before May 19th, 1906, his component society is held as suspended and none of its members nor delegates can participate in any of the proceedings of the Medical Society of New Jersey.

II. The treasurer also of each component society is required to send to the treasurer of the State Society, at least one month before the annual meeting, the *total amount* of its *assessment*, together with a *list* of the names of those who have paid their assessments. The failure of a county treasurer to make this payment at the *time* and in the *manner* above indicated will involve the suspension of his component society.

These important matters have not always been punctually attended to. The State Society has hitherto been lenient because the by-laws were new and not thoroughly understood. Now every member has a copy of the constitution and by-laws and the subject has been so frequently discussed that

there can be no excuse for misunderstanding. Failure to comply with the above mentioned requirements merits the infliction of the penalty. We trust that there will be no delinquency this year, but, if there is, the plea of misunderstanding will be insufficient and the leniency of the State Society cannot be expected.

The reporters are also reminded that if they send their annual reports to Dr. T. R. Chambers, Jersey City, chairman of the committee on scientific work, thirty days before the annual meeting they are entitled to all the privileges of annual delegates.

Now that we are issuing a JOURNAL, the duties of a reporter should be somewhat modified. In addition to his annual report he should act in his county as a reporter for the JOURNAL. He should be selected from some central location and possess the natural qualifications for this occupation. He should make special effort to collect data as to medical meetings, items of professional interest, papers and notes of discussions, &c., &c. These should be forwarded to the committee on publication on or before the 20th of each month. In this way he can aid in making the JOURNAL what it strives to be—a means of communication between the different county medical societies during the intervals between the annual meetings. A good, active reporter could do very much to enliven the columns of the JOURNAL and to advance the professional interests of his county.

In the supplement to the JOURNAL for September, 1905, on page 2, are published the names of permanent delegates who have been absent from the last two annual meetings. Those interested should read this list, as permanent delegates who have been absent from two consecutive annual meetings without an excuse satisfactory to the council are dropped from the roll.

W. J. C.

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**Health Commissioner Darlington** says that his department not long ago analyzed a sample of "Communion wine" which consisted of wood alcohol, hard cider and an aniline dye. A most poisonous combination.



## News from the Counties.

### ATLANTIC COUNTY.

The regular meeting of the Atlantic County Medical Society was held Friday evening, March 2nd, at the Hotel Shelbourne. The program arranged, was a "Symposium on Tuberculosis." Dr. T. Senseman read a paper on "The Early Signs and Manifestations." Dr. Walter Reynolds read on "Treatment." Dr. E. Guion, on "Prophylaxis." Dr. Thomas F. Dunlap, on "Some Manifestations Other Than Pulmonary." Dr. C. M. Fish gave a report of a case. The committee on legislation presented the following report, viz:

"Your Committee on Public Health and Legislation offer the following report on the efforts of the Osteopaths to secure a separate State Board of Osteopathic Examiners, or representation on the State Board of Medical Examiners:

"1. Osteopathy is not a system of medicine, but only a branch thereof, chiefly massage and manipulation, which are daily employed by physicians of all schools, and is, therefore, not entitled to State recognition as a separate system any more than would be the work of an oculist or other specialist.

"2. The educational requirements for osteopathic license, as set forth in their bill introduced into the Legislature last winter, were so decidedly below the present educational requirements for license to practice medicine and surgery in New Jersey, that recognition could not be granted on that basis without detriment to the people and profession of the State.

"3. While setting a lower standard of educational requirements for license the bill conferred at the same time all the rights and privileges in matters of the public health that are now enjoyed by physicians who have complied with the higher standards of the present medical statute.

"4. If Osteopaths propose to assume the grave responsibility of the diagnosis of disease and its treatment, and desire State recognition and the privileges granted to practitioners of medicine and surgery, they should make themselves competent to do so by complying with the same educational requirements, and passing the same examinations that the State now exacts from all practitioners of all schools of medicine, viz: the Regular, Homeopathic and Eclectic.

"5. With these facts in view the Atlantic County Medical Society respectfully asks that the representatives of this county in both the Senate and Assembly will vote against any measure that will lower or tend to lower the present educational standards of the State for the procuring of its medical license." Signed:

WM. EDGAR DARNALL, Chairman,

E. H. HARVEY,

E. GUION,

Committee.

E. C. CHEW, President;

E. GUION, Secretary,

Atlantic County Medical Society.

A motion was made and carried to amend the same by presenting it in the form of a resolution, and to present such in person to the proper State Legislators.

The meeting was well attended, and general enthusiasm evidenced.

A. B. SHIMER, M. D., Reporter.

### CAMDEN COUNTY.

**Contagious Disease in Camden.**—The secretary of the Board of Health reported the number of cases of contagious diseases for January to be 71. Of these reported only two were of typhoid fever. This demonstrates the value of Camden's water supply, there having been practically no cases of typhoid fever since the installation of the artesian wells in that city.

### ESSEX COUNTY.

**The Annual Meeting** of the Society will take place Tuesday, April 3, at Jacoby's Hall, Broad street, Newark, New Jersey, at seven P. M. Members will please register as they enter the hall. There will be no roll call.

The Council will meet as a Committee on Credentials prior to the annual meeting. Any known candidates for admission to the society are requested to send their credentials to any member of the Council, or to the Secretary, 29 Harrison street, East Orange, on or before March 26th.

The credentials required are college diploma, certificate of State examining board, certificate or proof of registration with county clerk, name of member of society proposing candidate.

The initiation fee of \$2.00 should accompany each application for membership. Council: William S. Disbrow, president ex-officio; Drs. E. J. Ill, D. M. Skinner, Charles Young, T. Y. Sutphen, William J. Chandler, Charles F. Underwood; William S. Disbrow, president; Ralph H. Hunt, secretary.

**The New Jersey Society of the Alumni of the Baltimore Medical College** held their 5th annual meeting and banquet in Newark, on March 1. About 40 members were present. The following officers were elected: President, Orrin A. Clarke; vice-president, Henry S. Wheeler; secretary, Fletcher F. Carman; treasurer, Francis R. Di Matteo. Drs. Ritter, Blank and Di Matteo read papers.

**Mr. Paul Kennaday**, one of the secretaries of the Anti-Tuberculosis League of New York, lectured on "Tuberculosis, Its Cause and Cure," before the Anti-Tuberculosis League of the Oranges, and the Ladies' Catholic Benevolent Legion, on March 7.

**The Medical Library Association, of Newark, N. J.**, has become established, and the number of members is steadily growing. It has installed the first of its purchases of books and periodicals at the Free Public Library, Broad and Washington streets, an arrangement made possible by the co-operation of the trustees of the Public Library, whose librarian, Mr. J. C. Dana, is also librarian of the Medical Library Association. The catalogue of medical works thus begun includes already 35 of the best American, English and German periodicals and 40 of the newest and best reference works and text books. They may be found in the reference department on the second floor, in a special alcove. Their use is not restricted to members of the association, but any physicians, or others, have free access to all. The officers are: Charles J. Kipp, M. D., president; Henry L. Coit, M. D., vice-president; Frank W. Pinneo, M. D., secretary and treasurer, 199 Gar-side street; John Cotton Dana, librarian Public

Library. Directors: William S. Disbrow, M. D., Samuel E. Robertson, M. D., Elbert S. Sherman, M. D., Sidney A. Twinch, M. D.

**Funds for Hospitals.**—William T. Evans has donated \$20,000 to Mountinside Hospital, Montclair, for the erection of a home for nurses. Miss Margaret S. Jarvie has also made a donation of \$5,000 to the institution.

**Hospital Changes Name.**—Bishop O'Connor and the trustees of the new Roman Catholic hospital, Orange, have decided to change its name from the Hospital of the Immaculate Conception to St. Mary's Hospital.

**Personal.**—Dr. J. Walter Stiles, Jr., assistant physician at the Essex County Hospital for the Insane, Newark, was operated on for appendicitis, January 31.

### HUDSON COUNTY.

**The Annual Meeting** of the Hudson County Society will be held April 3d.

**Dr. Elijah W. Lawrence**, of 9 Fulton street, Newark, who was arrested and held under \$300 bail in Hoboken on the charge made by a former patient of obtaining money under false pretenses, claims that the allegations were unfounded.

### MERCER COUNTY.

**Mercer County Medical Society.**—At a meeting of this society in Trenton, January 9, a complete report was made by the committee which had in charge the consideration of the reorganization of the society on the standard plan.

The Mercer County Society propose to have new and permanent quarters which are to be used by the Mercer County Dental Society, Mercer County Retail Druggists Association, The Hahnemann Clinical Club, and Mercer County Medical Society, each organization to pay its pro rata of the expense of maintaining the club as a place for meetings, for social intercourse, for a library, etc.

It is proposed to raise the initiation fee to \$5 and the dues to \$10, payable on or before May 1st each year, in advance. All members whose dues are unpaid on the 1st of May are to be suspended without action of the society.

All applications for membership must be on a form provided for that purpose, signed by two members and accompanied with the \$5 initiation fee. After election a member has three months in which to qualify by signing the constitution, by-laws and anti-contract agreement. If he fails to do so in the prescribed time he will forfeit the initiation fee already paid in and must make application for membership again in the usual way.

A rejected applicant can not apply again for election for a year from date of rejection. A two-thirds affirmative vote of the members present at a regular meeting is necessary for an election to membership.

It is proposed to have a medical library and, if possible, to secure the transfer of the books now in the Medical Branch of the City Library to the County Society Library.

DAVID F. WEEKS, M. D.,

*Secretary Mercer County Society.*

**Mrs. Robert H. C. Phillips**, wife of a Trenton physician, has begun suit in the Court of Chancery for alimony, claiming that her husband has deserted her and refused to contribute to her

support. The doctor has established an office in another part of the city. He says he had reasons for leaving home. Mrs. Phillips, in her bill declares her husband tried to cast her off just after his graduation. Later, she says, he tried to provoke her by jabbing her with a hatpin and by other acts of cruelty.

**Personal.**—When Dr. Charles Brewer completed his duties as house physician in the New Jersey State prison, the officers of the prison presented a silver tea service to him. Dr. Brewer was house physician for fourteen years. He is

### MIDDLESEX COUNTY.

A MEMORIAL TO THE LATE WILLIAM V. MCKENZIE, JR., M. D.

Professional association during many years with a good man calls for some especial expression, when he is cut down in the midst of a useful and successful career. Mindful of this fact we, the members of the Middlesex County Medical Society, desire to place on record our high appreciation of the nobility of character of our deceased president, Doctor William V. McKenzie, Jr., as well as our personal loss sustained in his untimely death.

His life was marked by singleness of heart and purpose; manly and conscientious in the discharge of duty, he was a Christian gentleman in all that the term implies.

Conscious of our bereavement we are moved to tender most respectful sympathy to his family, sharing as we do their deep sorrow and affliction.

*Resolved*, That the secretary of this society enter this memorial on our minutes and that a copy thereof be sent to the family of Dr. McKenzie, and that it be published in the daily papers and in THE JOURNAL OF THE MEDICAL SOCIETY OF NEW JERSEY.

A. L. ELLIS, Metuchen.

F. M. DONAHUE, New Brunswick.

J. G. WILSON, Perth Amboy.

*For the Society.*

**Alfred L. Ellis, M. D.** of Metuchen, has been elected secretary of the Middlesex County Medical Society in place of Dr. A. S. Clark, who has moved to New York City.

### MORRIS COUNTY.

**The Morris County Medical Society** held its annual meeting March 13th in the directors' room of the Memorial Hospital. Thirty members were present. Dr. H. Austin Cossitt, pathologist at the State Hospital at Morris Plains, and president of the society, read a paper upon his specialty. He was followed by Dr. George H. Rider, resident physician of the Sloane Maternity Hospital in New York, who also read a paper. The election of officers for the ensuing year resulted as follows: President, Dr. W. J. Wolfe, Chatham; vice-president, Dr. Geo. H. Foster, Rockaway; secretary, Dr. H. W. Kice, Wharton; treasurer, Dr. James Douglas, Morristown; reporter, Dr. Wm. S. Wheeler, Whippany; delegates to the annual meeting of the New Jersey State Medical Society, which this year convenes at Atlantic City in June: Dr. Harry M. O'Reilly, Morristown; Dr. J. Willard Farrow, Dover; Dr. Launcelot Ely, Flanners.



**Resolutions Adopted by The Morris County Medical Society at the Annual Meeting in Morristown, March 13, 1906.**

*Resolved*, That the Morris County Medical Society hereby commends and endorses the lay journals that are doing such noble pioneer work in enlightening the public mind concerning the nostrum evil and secret remedy traffic. Foremost among such are the *Ladies' Home Journal*, *Collier's Weekly*, *The Farm Journal* and *The Mariner's Telegram*.

*Resolved*, That we commend the medical press, led by the *Journal of The American Medical Association*, for refusing to publish the advertisements of nostrums and medical agents, the composition of which is concealed.

*Resolved*, That it is to be deprecated that the daily and weekly papers and periodicals representing religious denominations and organs engaged in reform work and even some medical journals accept advertisements of patent medicines, a great percentage of which are gross frauds.

*Resolved*, That the Morris County Medical Society offers its aid and coöperation in any wise effort toward the enactment of legislation that will protect the public from the evils of patent medicines.

*Resolved*, That these resolutions be sent to *The Journal of The Medical Society of New Jersey* for publication, and that a copy of the *Journal* containing these resolutions be forwarded to the above named journals.

H. W. KICE, Secretary,  
Morris County Medical Society.

**New Members of the American Medical Association from New Jersey.**

Brasefield, E. N., Phillipsburg.  
Dodson, L. W., Jersey City.  
Ellis, A. L., Metuchen.  
Haupling, F. R., Newark.  
Knecht, Cyrus, Matawan.  
Keefe, S. J., Elizabeth.  
Husserl, Siegfried, Newark.  
Loughwan, A. J., Newark.  
McLoughlin, T. J., Jersey City.  
Martinetti, C. D., Orange.  
Randall, C. H., Newark.  
Sulouff, S. H., Jersey City.  
Trainor, J. H., Newark.  
Wolfson, Joseph, Jersey City.  
Warman, David, Trenton.

**A GREAT WORK—WHAT A COUNTY SOCIETY MAY DO.**

The following letter from one of the leading surgeons of Indiana contains so much of interest to county societies, indicating what may be done in any section where as many as three or four wide-awake men can be gotten together, that we are glad to put it before the profession. "What one man has done, other men can do." Which of our counties will be the first to fall in line in as good work?

Valparaiso, Ind., Dec. 21, 1905.

Dr. J. N. McCormack, Chairman Committee on Organization, Bowling Green, Ky.

Dear Doctor:—

Your letter asking me to elaborate our plan of Post Graduate work here, with the view that such an account may be used in inducing other

medical societies to do likewise has been received.

I am greatly pleased to have the privilege to do this, not only for your personal gratification, but for the reason that I am confident that it will redound to the very great benefit of such societies as deem it wise to adopt our plan, as well as to the individual members. It will enable them to do better and more efficient work for the public as a whole, and aid each individual physician in rendering the best possible service to the unfortunate sick.

Our work was begun two years ago by getting every physician interested in becoming more familiar with scientific and practical knowledge which would be an advantage to him at the bedside, and which would broaden him as a physician. With this end in view, we rented a room, formed a club, and endeavored in every way to appeal to and build up the social, scientific, and material spirit and welfare of the profession. From every point of view I desire to report that we have been eminently successful.

In carrying out this plan we divided our work in such a way that each physician was required to act as a teacher of some special subject, and all the others took their places as students once more. Anatomy and surgery were assigned to one, physiology and practice to another, and so on through the list of subjects, one fundamental and one practical branch to each teacher. Our meetings were held twice a week, regular lessons were assigned, and we were expected to be present and give one hour's time to the recitation and study of such subjects as were assigned to that evening. In this way we were enabled not only to exchange individual views as to what we believed, but could always have some good medical authority to place us right if it was found that we were wrong. This plan proved very desirable, and we soon learned that the teacher of the topic derived far greater benefit from his course, for the reason that he was required to study more to hold his ground, often against the combined opinion of his class.

After going along in this way for a time it became apparent that our faculty should be changed from time to time, in order that the teachers should become proficient in more than one subject. I desire to report to you that we found this most satisfactory, and that it has resulted in a marked improvement in the attainments of every member of our profession, which means, of course, of the profession as a whole.

The social feature of our plan has done as much, if not more, for the good of the profession, than the scientific work. I am now able to say that we have no doctors in this country not on the most friendly terms with each other, and that such condition is because they actually desire to be friendly.

In addition we have kept up our regular society meetings, always with increased interest, and although ours is not one of the large counties, I feel safe in saying that we have one of the best, if not the best, society in the State of Indiana, and we are resolved to go on and make it still better.

In connection with this work, it did not take us long to determine that, in consideration of the increase in the cost of living in recent years, we were not being adequately paid for our services, and we concluded that it was only just that the scale of fees should be increased one-half. In order that this might be uniform we all signed the schedule, definitely fixing the prices of serv-



ices for both day and night, and had this published. It went into effect without a single ripple and has been strictly maintained. I have never heard a complaint on the part of the public or of the agreement being violated by any member. In fact the public seem to understand the necessity for the change, largely for the reason that it knew we were making an heroic effort to give the people better service. The results have been that our incomes have been increased by one-half, and that night work has been reduced to a minimum, giving us the evenings for post-graduate work and to spend with our families. While we have not accomplished all that we set out to do, we have certainly made rapid progress, and are not to stop or falter until our ideals are attained.

Probably this very crude plan might be greatly elaborated and improved, but it has worked so well, and given such universal satisfaction here that I am sure none of us would be willing to disturb our present satisfactory condition.

Should you be able to use what we have done as an incentive for others, or to elaborate it for the promotion of medical organization, you will have the very best wishes of every member of our profession in doing so. With personal best wishes, I am most sincerely yours,

DAVID J. LORING, M. D.,  
—*Kentucky Medical Journal.*

#### DR. McCORMACK TO VISIT ILLINOIS.

At the invitation of the Council of the Illinois Medical Society, Dr. J. N. McCormack, chairman of the Organization Committee and national organizer of the American Medical Association, has consented to devote the month of April to organization work in Illinois. For the last two years Dr. McCormack has been giving the greater part of his time to this work, in which he has been pre-eminently successful. During the fall and early winter he made an extended tour through Minnesota, North and South Dakota, Montana, Idaho, Washington, Oregon, California, Texas, and other States. Wherever he has gone he has met and talked to the members of the medical profession, urging on them the necessity of proper organization as a means of improving the condition of the profession and of increasing its influence for good in the community.

His extended experience and wide range of observation have given him a knowledge of the problems of medical sociology such as few men possess. Probably the most unique and valuable feature of his work has been the meetings arranged for him by the local profession in the towns which he has visited, to which were invited not only all the physicians of the community, but the clergy, the local bar, the school teachers and business men and the general public. The result has been a stimulation of effort toward real and effective medical organization and a deeper appreciation of the influence which can be exerted by the local medical society, not only on its own membership, but on the general public as well.

Such work has been of great value in other States and it is greatly needed in Illinois. The old idea of a medical society was an organization which met monthly, quarterly or annually, at which a few physicians met, read papers and discussed them, and after a day spent in scientific work, the society adjourned and remained in a condition of suspended animation until the next

regular meeting. Such a society was undoubtedly of great value, but its influence was largely limited to those of its members who attended the meetings. The ideal medical society is all this and something more. It is an ever active organization, including all the reputable physicians practicing in its territory, a component part of the organized profession of the State and nation, in close touch with all matters of public interest which it can influence for good, keenly alive to its responsibilities as the authoritative mouthpiece of the profession and ready and able at all times to co-operate with any agency outside its own membership whereby local conditions may be improved. Such organization is needed in Illinois. It can only be brought about by the local physicians themselves, yet Dr. McCormack can and will be of great assistance to our county medical societies throughout the State by giving to each society he visits the aid of his experience and observation.—*Illinois Medical Journal.*

#### THE FIGHT AGAINST ASSEMBLY BILL NO. 281.

At the close of the first hearing on the osteopathic bill (known as Assembly No. 281) at the suggestion of a number of the physicians present, an additional hearing at a later date was asked for. One was granted for the 20th inst., at which there was a good delegation present.

As the chairman of the Committee on Public Health of the Legislature asked the osteopaths to finish their side, the Hon. John W. Griggs spoke for them. His argument was principally that the osteopaths were here; they have been recognized by the decision of the Supreme Court and allowed to practice; and they were not physicians within the meaning of the present medical act in this State; and that they wanted proper protection to prevent men who were not qualified from coming in here and having the same rights and privileges as men who had taken a course in what they considered the recognized schools. They wanted to be on the same footing as other physicians in matters pertaining to public health.

Dr. Frank Gray, of Jersey City, took up what he termed the joker in the bill, and showed conclusively that if this measure should pass the osteopaths would have all the prerogatives now enjoyed by physicians, in the supervision over contagious and infectious diseases and in all matters pertaining to the public health, without having shown that they were qualified in any manner to cope with such conditions.

Dr. Grace, of Camden, spoke for the homeopathic State Society and contended that it is not right to allow these men to have the same rights as other physicians without being subjected to the examinations and restrictions which all others are compelled to undergo.

Dr. Marcy, the acting president of the Medical Society of New Jersey, analyzed the bill very carefully and showed the injustice that would be done to the medical profession and the community at large by allowing these men to practice medicine without having demonstrated that they possess the requisite qualifications to do so.

Dr. B. D. Evans, of Morris Plains, challenged the advocates of the bill to show ten States where they were recognized as physicians, and quoted from numerous letters that he had received from Medical Examining Boards and Boards of Health over the country which thoroughly demonstrated that their privileges were very much limited.

Dr. Philip Marvel, of Atlantic City, continued his argument, commenced at the previous hearing, and showed the utter fallacy of their entire system, and that according to their own authorities they frequently administered drugs, and that their methods of treating certain diseases were too ridiculous for any man of ordinary intelligence to believe.

A communication was read by the chairman of the committee from an osteopath in which it was claimed that these so-called advocates of osteopathy were simply interested in the "Still schools," and that their whole aim was to attempt to monopolize the business: that they were not sincere, and he even intimated that certain members of the faculties of these osteopathic schools would give diplomas for a consideration. The author of this letter claimed that the object of the promoters of this bill is to have it become a law so that those in practice that are not graduates of the "Still schools" shall be barred unless they come to the latter to be qualified for a consideration, and that doctors of osteopathy that have not graduated from the combination known as the "Still schools" shall not be recognized. If they succeed in passing this measure they expect to reap a rich harvest because they are stockholders and control the Still monopoly. He claims that they demand requirements which they themselves cannot meet.

The chairman of the Legislative Committee wound up the discussion by a resumé of what our side had presented, and told the committee that we felt sure we could safely leave the whole matter in their hands.

After the hearing was over a large delegation of physicians visited the Governor and had a pleasant talk with him of fully an hour and a half. He asked many questions, and contended that as the decision of the Supreme Court gave the osteopaths the right to practice in this State it did seem they were entitled to some measure which would give them protection, and it would be very much better that either a compromise measure should be introduced or that the Medical Society of New Jersey should prepare a measure which would cover their ideas as to the rights and privileges of an osteopath.

Information was given our committee that the bill would probably not pass at this session of the Legislature, but unless something was done by the medical men of the State, a bill would undoubtedly pass at the coming session of the Legislature. We were told that had it not been for the tremendous influence exerted by the physicians throughout the State against this measure, it undoubtedly would have become a law at this session.

This shows conclusively that the work of the Committee on Legislation has been productive of good in trying to thoroughly organize the profession in the State to prevent the passage of vicious measures and in keeping closely in touch with all bills that have been introduced which have any bearing upon the medical or sanitary conditions in this State. We have always contended that if the medical men were properly organized they could shape such legislation as would be best for the proper protection of the community at large.

LUTHER M. HALSEY, M. D.

Chairman Committee on Legislation.

In determining the cause of a post-operative fever never fail to look at the throat.

## PRESCRIPTIONS BY TELEPHONE NOT ALLOWABLE.

"Another and most deplorable warning has recently been given druggists against receiving prescriptions, at least, those containing lethal ingredients, by telephone. Briefly stated, the facts are these: A druggist who kept a 'general store' in Granite City, Ill., was telephoned to by a physician in St. Louis to give a certain patient one-eighth of a grain of morphine sulphate at bedtime. The druggist was temporarily absent and the message was received by his son, a lad of thirteen or fourteen years old, who knew nothing of pharmacy, and who misunderstood the message. The consequence was, to be brief, the lad gave the patient an overdose of morphine—'four cubes of one grain each,' from the effects of which, of course, the patient died, leaving a widow and nine orphan children.

"The coroner's jury held the doctor, the druggist and the boy responsible for the death of the patient. Of the verdict, however, we do not care to speak. It is of the danger, the fearful responsibility, that one assumes when he ventures to act upon the mere authority, or *alleged* authority, of a physician in a case of this kind. We say '*alleged* authority,' for who at one end of a telephone circuit can tell with certainty who is talking at the other end, be it only a block away? How can the pharmacist *know* that it is a physician who is ordering morphine, or atropine or any other scheduled poison, to be delivered to anyone who may call for it? True, he may '*recognize the voice*,' but one can readily foresee cases, like the present, for instance, where it might be vastly to the advantage of '*the voice*' not to materialize, in fact, to deny having given the order, or even having been present at the telephone, and unless there was present some witness, who could gainsay him?

"Aside from this feature of the question, there are others which should banish the telephone, in its present imperfect condition, as a conveyor of prescriptions. Some persons, notably those with false teeth, make themselves understood only with great difficulty or not at all. Defects of hearing contribute to its inefficiency as a bearer of exact messages. All things considered, we urge upon our readers to refuse to compound any prescriptions received through the telephone, save those for simple and harmless ingredients, and these only at the risk of those for whom they are intended or the person sending the message."—*The National Druggist*.

## A Jerseyman in Siam.

Dr. Charles S. Braddock, Jr., formerly of Hadonfield, N. J., and a member of the Camden County Medical Society, writes from Bangkok, Siam, to Dr. E. L. B. Godfrey, that "artesian wells are being sunk all over the country, saving thousands of lives from cholera. You have helped this along very much by your letter." Dr. Braddock is physician to the American Legation at Bangkok, Siam.

Dr. Alice B. Condict, formerly of Cleveland street, Orange, N. J., sailed on Saturday for India, where she will practice medicine under direction of the Presbyterian Board of Foreign Missions.



## PHYSICIANS DO NOT APPROVE OF CHLOROFORMING THE HELPLESS.

The astonishing allegation has been quoted in a number of newspapers recently that two medical societies had endorsed the proposal to chloroform all persons who had reached the age of sixty. All sensible physicians knew this could not be true of any reputable society, and we at once wrote for information. The secretary of one of these societies says it was all the result of a joke on a reporter, who accepted as truth the fabric of lies and embroidered on it to a considerable extent in his paper. We hope that the affair has not contributed to the public's distrust of the physician. We had supposed that the unenjoyable notoriety thrust by a dullbrained press on the originator of the chloroforming-the-aged joke would be a solemn warning to all other physicians to avoid the subject. If one insists on joking, let both joke and listener be approved by a State board of examiners in humor.—*Journ. A. M. A.*

## A PLEDGE PROPOSED FOR THE SIGNATURE OF EVERY LEGAL PRACTITIONER IN NEW JERSEY.

*I hereby pledge myself to work for, use my influence for, and vote for, only such prospective members of the Legislature of New Jersey hereafter as are favorable to legislation that shall make it unlawful to offer for sale any proprietary medicine, otherwise known as a "patent medicine," unless the printed formula of the contents of each bottle or package accompanies said bottle or package; and further, I will support only such prospective legislators as oppose giving osteopaths or any other kind of "paths" a different examination from that already prescribed for medical or surgical practitioners of New Jersey.*

**The Practitioners' Society of Eastern Monmouth** held its "Annual Mid-winter Meeting" at the Globe Hotel, Red Bank, on Thursday evening, March 8th. Dr. L. E. LaFetra, of New York, chief of the Department of Children, Vanderbilt Clinic, and editor of *Archives of Pediatrics*, was the guest of honor and the essayist of the evening. His paper on "Infantile Scurvey: Its Manifestations and Diagnosis" was most interesting and instructive, and was greatly enjoyed by the society. The evening was pleasantly terminated by a "banquet." The society continues to be very "popular" with the members, the attendance at the monthly meetings seldom falling below seventy-five per cent. of the membership. Since its organization, more than four years ago, there has been a paper read and discussed at every monthly meeting. Pathological specimens, post-mortem and post-operative, are exhibited from time to time.

WILLIAM B. WARNER, M. D., *Secretary.*

**Austrian Anti-Dust Society.** "Consul-General Rublee, of Vienna, sends the information that a society has been organized in Vienna, having for its object the abatement of the dust nuisance on streets and public highways. It has a large membership, including men of prominence in scientific, professional, and business circles, and it is hoped that by thorough study and experiment to arrive at some practical means of accomplishing the object aimed at. The society has completed its organization and will hold a series of public meetings in Vienna at which papers are to be read by university professors and other competent authorities possessing special knowledge on the dust question. These discussions will be followed by practical experiments at Vienna and other parts of Austria. The Vienna engineering department has placed all its resources at the disposal of the society in order to facilitate practical tests, and similar offers have been made by other municipal and provincial bodies."—(*U. S. Consular Reports*).

## THE MODERN INCREASE OF INSANITY MORE APPARENT THAN REAL.

New York is worried over the increase of insanity and the wise men are trying to find reasons. As a rule they are like our own Jersey experts, in looking for causes much more deeply than is at all necessary. There is really no way of getting at statistics of insanity, and the number of the patients in asylums is no true test, least of all in comparison with the number forty or fifty years ago. Since then asylums have been enormously improved and thousands of patients now maintained in them would have been kept at home or sent to the poorhouse only a few years ago. Unquestionably, they are better off and it is, of course, necessary to provide these accommodations, but the greater number of inmates is largely due to the better treatment and the progress of knowledge of the subject.—*Newark Sunday Call.*

**Adulteration of Wine.** The president of the Wine Growers' Association of Germany, who is also a large manufacturer and wholesale dealer in wine, has been convicted for using saccharine acids and deleterious water in the production of wine. The court assessed a fine of \$700, all the costs of the trial, and confiscated the adulterated wine.

**To preserve Instruments Against Rust.** One part of paraffin oil is dissolved in 200 parts of benzine, and the instruments, after being thoroughly dried and warmed, are plunged into the solution. Instruments with joints, such as scissors or needle-holders, are worked in the fluid, so as to cause it to penetrate into all crevices, and the benzine is then allowed to evaporate in a dry room.

The JOURNAL will be glad to print original papers from any source, preferably from members of the State Society, provided that they shall be of sufficient merit and shall be contributed to this paper exclusively.

Anonymous communications will not be published, but the name of the author of a communication will be kept secret if the editor is requested to do so.

The Medical Society of New Jersey does not hold itself responsible for the sentiments expressed by the authors of papers.

It will be satisfactory to all concerned if authors will have their contributions typewritten before submitting them for publication. The expense is small to the author—the satisfaction is great to the editor and printer. We cannot promise to return unused manuscript.

Authors may obtain reprints of their papers at cost, provided a request for them be written on the manuscript. Matter received after the 20th of any month cannot, as a rule, appear in the next issue of the JOURNAL.



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## POSSIBLE DANGERS OF WATER GAS.

By William S. Disbrow, M. D.,  
Newark, N. J.

*The Presidential Address Delivered Before  
the Essex County Medical Society, at  
the Annual Meeting, April 3, 1906.*

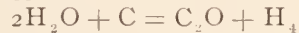
Even the most superficial reader of the daily papers must have observed the constant reports of cases of illuminating gas poisoning in some of its forms, from the "simple overcomes," as they are reported, to those in which instant death takes place.

This peril to human life is not local by any means, as the papers from all sections of the country will show, nor is it one which has been lessened by sad experience. On the contrary statistics show a steady and a regular increase in the fatal cases of an accidental character—while those in which suicide is contemplated, this form of "getting off the earth" has been found to not only be available, but more pleasant than carbolic or oxalic acids, the rope or revolver.

The manufacture of what is commonly known as water gas had been advocated for years, but it is only within the last twenty years that it has become a commercial success. Its chemistry in brief, is as follows: The first patent was obtained by Fontana, in 1780, since which time a great many have been issued, with about the same conditions that of splitting up water into its constituent oxygen and hydrogen, with the addition of hydrocarbons as illuminants.

The general process, as now used, plans

the decomposition of water or steam by contact with incandescent carbon. The first chemical reaction obtained is the formation of carbon dioxide and the liberation of hydrogen. Two atoms of oxygen from the water going to one atom of carbon to form carbonic acid, four atoms of hydrogen being set free.



The theory then further designs to present to the carbonic dioxide or carbonic acid gas thus formed such an excess of incandescent carbon that it will take up another atom of carbon, being thus reduced to carbon monoxide.



There would thus be given in theory a mixture of hydrogen and carbon monoxide—equal volumes of each. In this form the gas is suitable for heating purposes, and is then called "fuel water gas." To make it suitable for illuminating purposes it must be enriched, which is done by the introduction of some of the hydro-carbons in the gaseous form, which are usually obtained from petroleum or some of its products. This is the illuminating gas as now used, and is about 40 per cent. CO and 30 per cent. H, the rest, illuminants and flavor.

In matters of this kind the economic features are almost always the controlling ones, so in this case the more highly toxic water gas has replaced the coal gas. The greater danger has been ignored in consequence of economy in cost. The protests made against its use have been disregarded, and as the result there has been a steady increase in deaths from gas poisoning.

In the year 1874 there was no water gas made in the United States or Canada, but

from that time to 1886, 154 water gas works were placed in operation. About 15 per cent. of the total number of gas works (1,018.) Since that time water gas works have gradually supplanted coal gas works until now water gas is practically the only gas made for heat and illumination.

Repeated attempts have been made to bring into disrepute the manufacture of water gas, but as this has been done by the competitors—the coal gas companies, and in a spirit not altruistic, but selfish, they have all failed. The question of health has repeatedly entered into the controversy, only to be hushed by commissions and time.

In the memorable gas campaign in Boston, the best chemists of the world were quoted in support of the claims of the contending companies, with the result that in their report they practically stated that neither coal gas or water gas was made to breathe. The contest was repeated again and again, but with the same result. It was said that water gas is harmless in the gas pipes and that gas works are not intended for sanatoria, nor are gas companies eleemosynary institutions. The deadly character of illuminating gas containing large amounts of carbon monoxide, has been recognized by many States, and in some of them statutes, regulating its manufacture and use, have been proposed, and severe penalties, in some cases, imposed upon gas companies producing such compounds.

The statutes in our own State relating to gas companies and the quality of gas, passed since 1875, are as follows: Revision of New Jersey Laws, 1700-1877. Laws of 1876, P. 309.

Title: "An Act to authorize the formation of Gas Light Companies and to regulate the same."

Section 18.—"That the quality of gas supplied by any company organized under this Act shall be, with respect to its illuminating power, such as to produce from an English Parliamentary Argand burner, known as the "London burner" for sixteen candle gas, consuming five cubic feet of gas an hour, a light equal in intensity to the light produced by not less than fourteen sperm candles of six to a pound, each burning 120 grs. an hour, and such gas shall, with respect to its purity, be so far free from sulphureted hydrogen, that it shall not discolor paper imbued with acetate of lead, when these tests are exposed to a current of gas issued for thirty seconds under a pressure of 5/10 of water."

This was good old fashioned gas with an

odor not needing the lead sulphide reaction. You could smell it a block away. Occasionally someone died by suffocation from it, but he usually had a hard time to do so if a physician could be obtained.

Here someone became thoughtful, for, in the next year, we find in our statutes, Laws of 1877, page 107, a supplement to the Act of 1876, which was amended as follows: "And shall not contain more than 1 per cent. of carbonic acid gas, nor more than 2 per cent. of carbonic oxide gas, nor more than 10 per cent. of hydrogen gas under a penalty of \$100 a day for each and every day that the gas supplied is not in accordance with the requirements of this Act, to be sued for and recovered, with costs of suit, on complaint in any court of competent jurisdiction, the one-half of such penalty to be paid into the treasury for the use of the town or city where the works of such company are located; the other half to the complainant."

These laws were made for our protection when coal gas was in use and were of undoubted service for such conditions as then obtained. The test for hydrogen sulphide is still made by our gas examiner, but for what reason, unless as a hypnotic, no one knows, as it is useless with our present gas.

As far as my investigations have gone, I have failed to find in our laws since that time any power given the companies to use water gas, and as there have been no amendments or other acts so far as I can ascertain giving such powers, our gas companies, in apparent violation of our laws, are manufacturing and supplying us with a gas 15 to 20 times beyond the legal limit of safety, (2 per cent. carbon monoxide), to say nothing of carbon dioxide and hydrogen; unless, as previously chartered companies, they were exempt from the provisions of the act quoted; if so they have monopolized both the business and the responsibility.

Perhaps an explanation will be found in the remarks of an eminent legal prestidigitator, who so recently testified at Trenton, that the gas company was not a thing of water, it was one of the most prosperous institutions of the county of Essex—whose bonds were sought for, and command a high premium.

Sometime ago I had several analyses made of our gas. These analyses were made by one well provided with all the necessary apparatus for such work and by one who had been educated by the gas analyst of the Metropolitan Gas Company of New York, one whose authority is beyond question in such matters, Dr. Elliott.

These analyses are about as given in the Gas Analyst's Manual, the standard for such work: I have only recorded those constituents which are interesting to us in connection with this paper.

NO. 1.	
Carbon dioxide	Co <sub>2</sub> — 3.97%
Carbon monoxide	Co —33.39%
Hydrogen	H —37.79%

NO. 2.	
Carbon dioxide	Co — 3.39%
Carbon monoxide	Co —32.29%
Hydrogen	H —37.79%

NO. 3.	
Carbon dioxide	Co <sub>2</sub> — 3.09%
Carbon monoxide	Co —32.89%
Hydrogen	H —31.69%

NO. 4.	
Carbon dioxide	Co — 2.79%
Carbon monoxide	Co —33.79%
Hydrogen	H —40.29%

NO. 5.	
Carbon dioxide	Co <sub>2</sub> — 3.09%
Carbon monoxide	Co —34.09%
Hydrogen	H —34.27%

Standard for companies making gas since Act of 1897:

Carbon dioxide	Co <sub>2</sub> — 1%
Carbon monoxide	Co — 2%
Hydrogen	H —10%

These analyses show the quality of our gas. They show how the gas companies convert water into gas—gas into gold, and we, the consumers, are apt to become corpses of such corporations. It must not be presumed that our gas is any more deadly than that supplied to other municipalities or that our local company is more anxious to assist in depopulating our city than are others in the same line of work.

In some States an effort has been made to prohibit the manufacture of water gas with more than 20 per cent. CO and in Massachusetts an effort was made to legislate out of business all companies by the 10 per cent. requirements; but as it was shown that it could not be made a commercial success with such a low percentage, the whole subject was left to a special commission to investigate, with the result of their stating essentially that it was for illumination, and that it was a success financially, but that greater care must be used by the people to prevent fatal results.

Coal gas was of little use to smother people who blow out the gas or had leaky pipes or bad fixtures and besides its smell was enough to give warning long before the chance of death. Water gas is a Lucretia Borgia; it poisons you on the sly, and gives you but little chance for recovery. Its popularity among the would-be-suicides is increasing, and it surely deserves its devilish reputation.

It seems strange that while our laws prevent the sale of poisons, the adulteration of foods, the admission of the so-called "sewer gas" into our homes, and volumes of regulations to prevent our dying as we might choose; there is introduced into our homes, and that by the most primitive methods, a gas recognized as one of the most deadly known.

The facts of the case are that we have a different gas chemically and physically, from that contemplated by law, and that the conditions have not been altered to meet the present requirements. With a 1 per cent. or 2 per cent. CO gas we would have a comparatively hard time to die, but with 30 to 40 per cent. one we can become a "deceased" with no effort at all. But it must be understood again, this is no prearranged device of gas companies to slay us; their responsibility ends at the dial of the gas meter; they make it to sell, not to eat. If we are careless, we are a "goner." The cheapening of gas in some cities has led to its extensive use for heating, and, especially, for cooking purposes. This has necessitated suitable apparatus for that purpose.

Many of these are worse than the tepee of the savages; for even they have intelligence enough to provide for ventilation; while in these so-called labor reducers, "housekeepers' friends," etc., there is no provision for the escape of the products of combustion, except into the living apartments.

This is bad enough at any time, but the heating gas stove used during the winter months, when they are used so extensively, is particularly dangerous. They are, when used in closed rooms, criminal in their action. Consider the large battery of burners even when they are burning properly, and then think of the striking back of the flame, which can occur so readily, then you have the unconsumed gas pouring into the room.

Is it a wonder that we get stupid and can hardly keep awake, or is it a wonder that we are tired? The so-called rubber tubing of the market is so poor that oftentimes there is no rubber in it at all, and so thin and loaded with pigment that it is brittle and breaks at the slightest handling, or it may be made of a composition at times porous and defective. The quarter meter is a source of great danger in many of its forms—pay up promptly or die suddenly may be the determination it offers.

The use of the many mantles offered to us to assist in getting enough light to see



with, when perfect and of a good quality, meet the requirements of their makers, but they are about as dangerous as an open jet if they are broken or imperfect. An open jet all fear, but few consider the unconsumed gas pouring into our rooms from such a source. The stop cock at the heating apparatus should be prohibited and only permitted at the fixture, for in the former location a slight jar may destroy its connection and then there is nothing to prevent the escape of gas into the apartments. It should always be turned off at the fixture and no double fixture should be permitted; that is two stop cocks should not be near enough to each other, so that anyone may possibly turn one on when turning off the other. Such an arrangement is now furnished. No child should be permitted to act as the engineer of the gas stove or burner. Its supervision needs intelligent action at all times.

Water gas is safe if you have pipes which do not leak and care is used in its manipulation, but constant care must be observed and never must it be forgotten what danger may be the result of forgetfulness.

Carbon monoxide is lighter than air and may be frequently respired, its presence in the air being manifested by neither irritation of the air passages or by affecting the sense of smell; but the moment it comes into contact with the blood by diffusion it unites with the pigment of the blood corpuscles forming a definite compound of carbon monoxide hemoglobin, exactly replacing oxygen volume for volume. This can be determined by its spectrum in the blood a long time after death.

This compound is singularly stable and this is why it is with such difficulty that we can save our patient. In coal gas poisoning the problem was to get coal gas out of the body and oxygen in; water gas deprives the blood of its property of absorbing oxygen. Usually about 0.4 per cent. of carbon monoxide in the air is required to produce fatal results, but less may be fatal after a long exposure. In recovery from poisoning the carbon monoxide is not oxidized in the body, but is driven out of its combination by the oxygen of the inspired air. Although in a few hours the blood may be free from the poison, the damage done to the brain and other tissues through the temporary deprivation of oxygen may be severe and lasting. Slight gas poisoning is manifested by general malaise and headache, particularly during the winter months when our homes are closed and free ventilation is impossible.

In the more severe types the patient may

pass from an natural sleep into coma without awaking. Besides the coma and stertorous slow respiration which the gas produces, the two most important symptoms are the odor of the gas in the exhaled air and the pinkish color of the skin and mucous membranes.

This coloration is present as an early symptom and only gives way to cyanosis when failing respiration or pulmonary oedema occurs. The pulse is slow at first, full and bounding; later rapid and feeble; the pupils are usually contracted. The coma may last for several hours, or a day or more and the patient recover, or it may deepen rapidly, causing death within an hour, according to the amount of gas inhaled and its admixture with air. Coma or delirium which is protracted beyond 48 hours is usually, but not invariably fatal.

In fatal cases hyperpyrexia appears. During recovery there is a great tendency to pulmonary oedema and to sudden heart failure if attempt is made to get up too soon. Multiple neuritis may be a sequela. A leucocytosis of 20,000 or 30,000 is common. Alcoholism often complicates the gas coma.

The treatment is to bleed and transfuse with normal salt solution. More feeble patients should be given high rectal and subcutaneous injections of warm salt solution to dilute the blood and aid in the elimination of the poison. Artificial respiration should be maintained as long as necessary. Oxygen should be used freely and hypodermic stimulation may be required. The bowels should be moved with castor oil and turpentine, and the bladder carefully catheterized.

I believe that many of the anaemias are the result of slow but steady carbon monoxide poisoning, as are many of the migraines and malnutrition cases, which seem so mysterious. If there is one place where the heating gas stove as now made should be watched more than another, it is in the nursery, for it is more dangerous than the charcoal furnace, whose reputation is so well known.

The statistics of accidental deaths and suicides are interesting to show the regular increase of fatalities of the last few years:

BOSTON.

- 1888—1% of the gas was water gas—no deaths, suicide or accidental.
- 1889—1% of the gas was water gas—1 accidental death, 0 suicides.
- 1890—8% of the gas was water gas—6 deaths, 2 accidental, 4 suicides.

1892—52% of the gas was water gas—15 deaths.

1897—93% of the gas was water gas—47 deaths, 15 accidental, 32 suicides.

The statistics are incomplete, but the records show for the five years ending 1889—167 deaths.

#### NEWARK.

1904—4 deaths, 3 suicides; total 7.

1902—12 deaths, 5 suicides; total 17.

1903—13 deaths, 3 suicides; total 16.

1904—14 deaths, 8 suicides; total 22.

1905—16 deaths, 22 suicides; total 38.

#### NEW YORK.

Deaths attributable to poisoning by illuminating gas:

Coal gas, 1867 to 1880, 14 years—13 accidental, 3 suicides; total 16.

Water gas, 1880 to 1892, 13 years—157 accidental 45 suicides; total 202.

1889—Accidental, 33; Suicide, 11; total 44.

1890—Accidental, 36; Suicide, 4; total 40.

1891—Accidental, 35; Suicide, 19; total 54.

1892—Accidental, 53; Suicide, 11; total 64.

1902—Accidental, 235; Suicide 118; total, 353.

Up to 20 years ago there were no reports made of deaths by illuminating gas, nor are they recorded in many cities under that heading, making it very difficult even to approximate the true figures. This is the case even with the census reports of Vital Statistics of the United States.

There have been a number of remedies proposed among which are the patent burners, which flood the market, warranted to cut your gas bill in two, and according to their specifications, at almost a word of command, to be put out and to "stay put." The only true remedy is a correct appreciation of the danger, as it exists, and the exercise of care.

Massachusetts has gas fixture examiners who found in their investigations that 85 per cent. of the gas fixtures were defective, and they have taken the necessary action to remedy such defects.

Water gas is a dividend producer and has come to stay and it behooves us, the public, to make up our minds to such facts, but to enact laws for a better control of its distribution and use, as it appears that a charter given in 1845 in the case of our own city, permits the killing of our citizens ever since.

Perhaps it will not be amiss to call attention to the illuminating qualities of this gas, as there seems to be a general consensus of opinion that it is defective. In but a few cases has this been officially admitted,

yet it is evident that we can not see with it as we should. But a few years ago a very few oculists were enough to meet the local demand, but now comparatively every few blocks you will find an eye doctor, while all over our city the refractionists and opticians are as thick as the locusts in Egypt.

As we hang on to the straps in the trolleys we are confronted by a big eye looking at us from the advertisements, and the photographs of some of the most noted of the eye repairers keep watch of us, and one in particular, who, we all remember, was the man whose fame, by breaking the high prices of glasses in Newark, became greater than that of him who broke the bank at Monte Carlo.

"Lest we forget," the parade "of nanny goats" in our thoroughfares calls attention to our sightless condition with their advertising chariots decorated with importunities to get glasses. Our eyes now stick out like lobster's eyes and soon we will become stalk-eyed like that famous crustacean.

We pay our gas bill and spend what little remains for bum burners and Wellsbachs. Our cellars are filled with discarded burners and shades, which have been called to our attention to increase the illuminating power of our gas. Why is this? Is our gas what it should be, or are we becoming so that we need greater illumination than formerly?

Our city gas light examiner says it is all right, and as he says so, we have no reason to think otherwise. We have gas eyes now, perhaps later, glass ones. Every family is bedecked with glasses, and it is a mighty poor family that has not a box full on draught.

In conclusion, permit me to state that this paper has not been compiled, with the intention of doing any one an injury, or with any motive, save that of calling attention to conditions which can and must be altered—for the saving of lives now so recklessly sacrificed. If one only is saved, I will have received ample recompense.

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**War on Tuberculosis.**—Action has been taken by the Chicago school management committee which makes it possible that any child afflicted with tuberculosis can be taken from the schools. When a case of tuberculosis is suspected the principal must report it to the superintendent of schools. After the parents of the child are notified the pupil will be examined by medical inspectors of the child study department. The parents will be allowed to have their family physician present if they so desire.—*American Medicine*.

## EFFECTS OF MUSCULAR EXERCISE ON THE HEART.\*

By George L. Meylan, A. M., M. D.,  
Adjunct Professor of Physical Educa-  
tion and Director of the University  
Gymnasium, Columbia Uni-  
versity, New York.

One of the most important of the waste products of muscular activity (as of almost all activity) is carbon dioxide, which is excreted from the body by the process of respiration. The efficiency of this excretion depends upon the breathing movement on the one hand, and on the amount of blood which the heart pumps to the lungs on the other.

Nothing produces such large quantities of carbon dioxide as muscular exercise, thus we can easily see why both the heart beat and the respiratory movements should be increased in so marked a manner. The whole mechanism of respiration is called upon to insure the rapid excretion of the gaseous waste, and so perfectly does this mechanism work that the entire excess of carbon in the blood entering the right side of the heart is gotten rid of in the lungs before that blood has returned to the left side of the heart. In order to accomplish this it is necessary that the heart should pump more blood in a given time, i. e., beat more rapidly; since with the same amount of blood flowing through the lungs, increasing the depth of the breathing movements would not of itself remove an appreciably larger amount of carbonic acid.

In no way can the work of the heart be so readily increased as by muscular exercise. Other conditions of life do not as a rule, cause profound changes in this work; active organs are generally supplied with their needed blood by the dilation of their arteries, compensated by the contraction of the arteries of other organs.

Muscular exercise stands in a class by itself. It invariably produces a greatly increased amount of carbon dioxide, and either directly or indirectly causes greatly increased work by the heart. Consequently it is the one agent of our normal life upon which we can depend for the activity necessary to a strong heart. Nor is it of small importance whether the heart is strong or weak. Serious results frequently follow sudden and severe strains or exercise in the

untrained, results which could have been avoided if the heart had been kept in training.

Heart conditions frequently found clinically.

1. Weak heart, (untrained).
  - (a) Small, undeveloped.
  - (b) Rhythm too rapid.
  - (c) Sounds not clear and distinct.
  - (d) Rate greatly increased by exertion.

The subjective symptoms are a poor circulation, pale skin and mucous membranes, coldness of extremities and shortness of breath. This condition is found commonly in individuals leading a sedentary life and in convalescents after fevers, pneumonia and grippe.

2. Nervous and irritable heart.
  - (a) Size may be large or small.
  - (b) Rhythm is irregular.
  - (c) Rate and irregularity increased by exertion.

The subjective symptoms are mainly shortness of breath, nervousness and palpitation after excitement, exertion, smoking or a heavy meal.

3. Hypertrophy.
  - (a) Normal hypertrophy of training.
  - (b) Excessive hypertrophy (athletes' heart).
  - (c) Compensatory hypertrophy.

A considerable amount of hypertrophy may be present without danger in athletes who are in training, providing the individual does not stop training suddenly. Excessive hypertrophy or athletes' heart is found most frequently in athletes who indulge in violent forms of exercise, such as basketball, distance running, hockey and rowing. A heart in this condition appears to be more susceptible to injury than when less developed. There is great danger in sudden cessation of muscular activity, especially if accompanied by high living.

4. Dilatation.
  - (a) Excessive weakness.
  - (b) Strained from excessive effort.

A dilated heart is found after serious illness and after too violent exercise in untrained individuals.

5. Organic disease.
  - (a) Mitral regurgitation (common).
  - (b) Aortic stenosis.

Valvular affections are found frequently in individuals who have had inflammatory rheumatism, with dilation more or less temporary.

\* Read before the Essex County Medical Society at Newark.



It is my purpose to-night to call your attention to the effects of exercise on the heart in cases that are met in the gymnasium. By far the most common condition found is that of weak heart, and it is the condition which responds most readily to systematic exercise.

In order that the heart may keep up its normal strength it must have a reasonable amount of work to do, and must also have proper nutrition. People whose lives involve a minimum of muscular exertion find that slight exercise produces palpitation of the heart. A heart weak from this cause would not be considered diseased, and yet it may produce many symptoms of illness.

I have been impressed with the remarkable results obtained in improving the size, strength and function of weak hearts by systematic exercise. It is a matter of daily experience with me when making the physical examinations at the end of the season to find the condition of the heart greatly improved.

I take the pulse in the horizontal and the standing position at the beginning of the examination and again in the standing position after the subject has gone through the intercollegiate strength test. The characteristics of a weak heart as determined by these observations are a fairly rapid pulse in the horizontal position, about 80; a considerable increase on assuming the standing position, about 100; and a very marked increase after the strength tests, about 150 or more beats per minute.

It has been demonstrated by physiologists that a marked increase of pulse rate in changing from the horizontal to the vertical position is an indication of weak cardiac action: the heart has difficulty in overcoming the increased resistance due to gravity in the standing position, hence the rate of contraction is increased. The average increase in normal individuals is about 15 beats per minute, with a range from 5 to 35. We have, therefore, a simple means of observing one of the factors which indicate a weak heart. When I find a difference of more than 25 between the pulse in the horizontal and the vertical positions, I look for other signs of cardiac weakness.

Another simple method of testing cardiac function is by means of strength tests. Any muscular exercise involving a large expenditure of energy, in a short time, calls for increased heart action to remove the carbon dioxide produced in the muscles. A strong heart adapts itself readily to this increased

demand by more vigorous contraction, but a weak heart can meet the increased need only by more rapid beating. The change in pulse rate resulting from strength tests is therefore another valuable indication of cardiac efficiency. It should be noted here that the heart beat is influenced more by speed of movement than by amount of work done.

When I find a very marked increase in pulse rate after a moderate amount of work I consider it a sign of cardiac weakness. It is not uncommon to get a pulse over 160 after the ordinary strength tests.

In considering the effect of muscular exercise in increasing the functional efficiency of the heart, I shall speak first of the changes noticed in the cases of weak heart, such as we meet ordinarily in persons leading a sedentary life. In the regular work of my office I examine young men in the fall and again after about six months of more or less regular gymnastic and athletic exercise. For thirteen years I had charge of Young Mens' Christian Association gymnasias where I have examined men of all ages and various occupations, representing what may be called the commercial and professional classes in our large cities. During the last three years my observations have been confined to college students and professors. So far as the condition of the heart and the effects of exercise are concerned, the results of my observations are essentially the same.

I have tabulated 465 cases of men examined at the beginning and at the end of a season of gymnastic exercise. The average pulse rate before the strength test at the first examination was 89; at the second examination the average pulse had fallen to 82. The pulse after the strength test at the first examination was 135, and 132 at the second examination.

There is a decrease in the pulse in both cases, although the decrease after the strength test is only 3, against a decrease of 7 at rest. This difference would seem to contradict my statement that after training the heart is capable of doing more work with a smaller increase in beats per minute. This objection, however, is only apparent, for if we take into consideration the amount of work done at the strength test we find that the average total number of times that the body was lifted at the second examination was 15 plus, as against 9 plus at the first examination. We see, therefore, that although the work done at the second examination was nearly twice the amount done

at the first examination, there is an actual decrease in the pulse rate after the test.

I made observations on eighteen football players of the university squad at Columbia last fall, and found that after eight weeks training the average pulse had decreased 6 beats per minute, and also that the difference in rate between the pulse in the horizontal position and vertical position had decreased, the average difference being only 10 beats at the end of the season.

You may be interested in a more detailed description of a few cases of marked cardiac weakness:

Case I. Mr. C., a broker fifty-four years old, large, full-blooded man. He had just recovered from a bad attack of pneumonia and was sent to me by his family physician for a course of physical training to strengthen his heart. I found on examination a weak, dilated heart with rapid pulse. He complained of cold hands and feet, general muscular weakness, and shortness of breath on slight exertion.

I prescribed a cool sponging immediately after rising, followed by breathing exercises and arm movements taken in small doses, each followed by one minute's rest. At 11 o'clock he was ordered to go out for a walk; he was to walk slowly three minutes and stop for one minute's rest—sitting down if possible—keeping this up for a half-hour and then lying down for an hour's rest before lunch. At 4 o'clock he came to the gymnasium, where he went through slow rhythmic movements, exercising the various groups of muscles in turn, the exercise taken in two-minute doses, followed by one minute's rest and repeated eight times. This was followed by a graded sponge bath, five minutes gentle general massage, and half hour's rest in the recumbent position.

This treatment was continued for two weeks, the amount of exercise being increased very gradually and the periods of rest shortened. The improvement was so marked that he felt strong enough to return to business, but he continued the exercise and in three months was able to take thirty minutes of fairly vigorous general exercise followed by a mile of fast walking or slow running. He was so enthusiastic over his improvement in health, vigor and endurance that he kept up this daily exercise under my supervision for six years.

Case II. Mr. T. was a merchant, 38 years old. He weighed 123 pounds, and was extremely nervous, irritable and weak. He complained of insomnia, cold extremities, shortness of breath and frequent palpitation of the heart. He was so nervous that I had considerable difficulty in making an examination. His heart was about normal in size, but the pulse was 120 and very irregular; the mere placing of the stethoscope on his chest caused a sudden acceleration of the heart action.

I assured him that his health could be improved greatly, and aroused his interest by introducing him to several business men in the gymnasium who had regained health by exercise. The prescription given him was based on the same general principles as that given to Case I. He followed the treatment intelligently and gained very rapidly. At the end of four months his pulse was down to 90, the heart action was regu-

lar, the nervousness and insomnia had disappeared, the weight had increased 12 pounds, and the general condition was very good.

Case III. A college student, age 19, came to me with a physician's certificate requesting that he be excused from all gymnasium exercise by reason of physical disability. The student gave a history of general physical weakness and weak heart since childhood. He had refrained from all physical exercise and devoted all his time to study. On examination I found him to be much underweight for his height, undeveloped and pale. His extremities were cold and he had the general appearance of physical weakness. The heart was dilated, the pulse rapid but regular, there was a loud systolic murmur at the apex, transmitted to the left.

He appeared intelligent and anxious to improve his condition, and I assured him that he could improve his health by judicious living, including systematic exercise. I prescribed for him and asked him to report for examination every week. This was in October, 1904. I saw him about 25 times during the academic year and noted a steady improvement from week to week. When I saw him the last time, in June, he had gained nine pounds, felt very much better and stronger, the pulse was slower and stronger, there was good compensation and the murmur was much less marked. I gave him general directions for the summer, and was pleased when I saw him again in October to find that he had continued to improve during the vacation.

I might describe many other similar cases, but these three will suffice to show the efficiency of judicious exercise in cases of weak heart in individuals leading a sedentary life. You are undoubtedly familiar with the Schott method of treating cardiac affections by means of slow, graded muscular movements. This method is employed very extensively by medical gymnasts with good results. The same end is accomplished in a sanatorium in southern France by means of graded exercise in walking. The institution is located in a hilly country with many beautiful roads running in various directions. Every road is numbered, and there are sign-boards every 100 metres along each road. There are seats all along the roads at each sign-board. Each patient receives a card with a definite prescription to walk on a particular road a certain number of metres and rest a minute at each sign-board. As the roads vary from a perfect level to a sharp incline, it is possible for the physicians to prescribe very definite doses of exercise and increase the dose gradually. Dr. Fernand Lagrange, who describes this sanatorium in his book "*La Médication par l'Exercice*," says that very satisfactory results are obtained by the methods pursued there.

Thus far we have considered only the favorable side of the question, but unfortunately there is another side. Much is said

and written about the injurious effects of exercise on the heart, and we have an affection of the heart called "athletes' heart" which indicates that muscular exercise is a two-edged sword—it may be beneficial as we have seen, but it may also be injurious under certain conditions.

The injurious effects of exercise on the heart result almost entirely from the practice of athletic sports and exercises. Although much has been said and written on this topic, very little careful study has been made. Dr. Morgan investigated this matter in his study of Oxford and Cambridge oarsmen, published in 1869. He found that only 6 per cent. of the oarsmen died of cardiac affections, whereas the percentage of deaths assigned to this cause in mortality tables of soldiers and other classes of men is higher.

I had the privilege of making a similar study of all Harvard oarsmen who rowed on the university crews from 1851 to 1891, and found that only 8 plus per cent. died of heart disease. It would appear from these investigations that college rowing does not result in cardiac injury to the participants. But these studies do not cover the whole ground. They were made only on the select few who survived the ordeal of training and "made the crew." It is almost certain that if 100 unselected men should take up college rowing as practiced by university crews a far larger percentage than 8 per cent. would suffer from cardiac affections. Osler quotes studies made on soldiers during the Civil War, showing that in regiments which were subjected to forced marching and poor feeding, a large percentage of heart affections was found in individuals without any history of rheumatism.

I know of one young man who dropped dead on the gymnasium floor in a Maine city while playing basketball. A bicycle rider dropped dead in Buffalo as he crossed the finish line in a race. Such accidents are fortunately not of common occurrence, but every year many athletes suffer cardiac injuries of a more or less permanent character, resulting from too violent and prolonged exercise in athletic games and sports.

The forms of athletic exercise which are most dangerous to circulatory organs, when indulged in to excess or practised by weak and undeveloped individuals, are basketball, cross-country running, rowing, hockey, water polo, distance running.

#### Conclusion:

1. Muscular exercise judiciously prescribed and practised is a valuable agent in the cure of many forms of cardiac inefficiency.

2. Athletic sports when practiced without medical supervision produce more or less permanent cardiac injuries in weak and untrained individuals.

3. The difference in pulse between the horizontal and the vertical position is a useful sign in the physical diagnosis of cardiac conditions.

4. The adaptability of the heart to suddenly increased work, as measured by the change in pulse rate after muscular exercise, is a valuable indication of cardiac efficiency.

#### CASES ILLUSTRATING SOME POINTS IN INFANT-FEEDING.

By Alfred Hand, Jr., M. D., of Philadelphia.

The general principles of infant-feeding have been so thoroughly and so often emphasized in the medical magazines that an abstruse discussion of them is quite unnecessary at present, especially in such a place as this where the modern methods have received such early and complete recognition. It occurred to me, however, that a few moments might be spent with interest and, perhaps, profit in looking at the solutions which have been reached in a number of problems in that branch of mathematics devoted to infant-feeding. For it is mathematics to have the weight of an infant and to be required so to add nourishment to it that the result will be healthy growth. It is not maintained that in the following notes the courses chosen in solving the problems were the only ones or necessarily the shortest ones that could have been adopted, for just as in mathematics some problems are solved more easily by arithmetic, and others by algebra, so in infant-feeding some patients will do better on a high percentage of one ingredient and a low percentage of another, while others will thrive on very different mixtures. It is also conceivable that a child who has done well on one mixture might, perhaps, have done equally well on another. So, as has been said often, the first aim in infant-feeding is to individualize the patient before us and do what seems to be best under the circumstances.

The first point I wish to discuss is with regard to *breast-feeding*. German writers think it strange that American pediatricists



prefer so frequently to raise a child on the bottle rather than to continue breast-feeding, and it has been charged that it is unfashionable for American mothers to nurse their children. My own experience among all classes of patients has been quite the opposite of this, the main point which mothers mention when wishing to wean their children is the fear that the milk is not of proper quality. And I have found them almost without exception willing to do anything suggested to improve the quality of the secretion, provided it seems desirable to attempt this.

As an example of successful breast-feeding I wish to refer to Case I. I saw this child when he was  $3\frac{1}{2}$  weeks old and weighed 8 pounds, having gained steadily from the middle of the first week, when his birth-weight, of 6 pounds, had fallen to  $5\frac{3}{4}$  pounds. He had a scaling eczema of general distribution, and was just recovering from a diarrhoea of 24 greenish movements daily, with curds; these had changed to 5 in the preceding 24 hours, of a yellow, watery character. The mother was very anemic, with hemoglobin down to 63% Fleischl, and she felt thoroughly tired all the time. Fearing that her milk was not of good quality, she had brought a sample which was found to contain 4% fat. She was advised to continue nursing the baby, and to enable her to do so one or two quarts of milk were to be taken each day; medication consisted of Basham's mixture, which was given both for the anemia and for its powers as a galactagogue, which have always seemed to me far superior to malt or other similar preparations. When the boy was 10 months old he weighed  $25\frac{1}{2}$  pounds, but as a critical inspection showed an open fontanel, a slightly flabby condition of the flesh, a tendency of the left knee to approach the right, and as he was inclined to constipation and to sweating on the face during feeding, it was deemed advisable to begin gradual weaning, so he was given two feedings daily of the following mixture:

Milk, 3 ounces;  
Cream, 1 ounce;  
Barleywater,  $3\frac{1}{2}$  ounces;  
Limewater,  $\frac{1}{2}$  ounce;  
Cane sugar,  $\frac{1}{2}$  teaspoonful.

This was calculated to contain fat, 3.5%, proteid, 1.8%; sugar, 7%. During the next month the child gained  $2\frac{1}{2}$  pounds, so he was then given four bottle feedings daily of a similar mixture, the percentage being changed to fat, 4%; proteid, 2.25%, and sugar, 6%. He was soon weaned and this

mixture, which was pasteurized, remained unchanged through the summer until his next visit which was four months later. In this interval he had gained only one pound, so a rather rapid change was made to whole milk, with the addition to the diet of other articles, toast, fruit, vegetables, etc., and a monthly gain of one pound was registered, so that at  $20\frac{1}{2}$  months of age, he weighed 33 pounds, and the only mathematics involved in his feeding after this became that of quantity rather than of quality.

The *return of menstruation during lactation* is rarely without harmful influence on the quality of the milk, and this is shown graphically in cases 2 and 3. Case 2 was brought to me when he was ten months old with a weight of  $15\frac{1}{2}$  pounds, or over 4 pounds below what the average healthy child ought to weigh at that age. It needed but a glance to show that he was far below par in every respect physically, for he was anemic, flabby, with wide-open fontanel and distinct signs of rachitis. The mother was able to give a number of figures showing his weight at different times, the progress evidently having been satisfactory during the first 3 months, when he weighed 12 pounds. The mother then had a return of menstruation, which recurred regularly thereafter, and which absolutely retarded all gain in weight for the boy during the week of flow, and allowed him to gain only 3 pounds in the next 7 months. I urged immediate weaning and directed a mixture containing 4 per cent. fat, 6 per cent. sugar, and 2.5 per cent. proteid, but I was disgusted 2 months later to find that he had gained but  $1\frac{1}{2}$  pounds and that breast-feeding was still being employed. Plain speaking was followed by a change in his diet exclusively to the mixture suggested and he then gained  $1\frac{3}{4}$  pounds in less than 3 weeks. He is developing steadily now, but still shows signs of the disastrous feeding during the last 9 months of his first year.

In case 3 the effect of menstruation is perceptible, although less so than in the preceding instance. In this case the period returned when the baby was 4 months old, and her weight for the first time fell below the average line. Analysis of the mother's milk showed it to be deficient in fat (3%) so, in addition to having the mother take one or two quarts of milk daily and Basham's mixture, the baby was given a teaspoonful of cream after each feeding.

These procedures brought the weight above the average and the cream was stopped for three weeks, but the next ap-

pearance of menstruation brought the weight just to the average line, and as the baby was constipated, the cream was started again and the weight steadily rose even through the next menstrual period. Dentition began in the eighth month, and, from this time on, breast-feeding was gradually supplanted by the bottle; the fat being maintained at 4% throughout all the feedings, the proteid being raised from time to time from 1.8%, so that at the next change, on her birthday, next Sunday, she will get 3.6%, or whole milk.

In my experience *constipation* in an infant means that that infant is receiving a food unsuitable for it, and while drugs, such as cascara, may be necessary for a time to produce bowel-movements, yet the cure is to be found in regulating the diet. The most frequent cause of constipation is a low percentage of the fat, but sometimes the proteid also needs to be higher, while occasionally too high a fat-percentage is associated with constipation.

Case 4 is an infant whom I saw first when she was 8 months old, weighing 14 pounds, or 4 pounds below the average. She had been breast-fed for 3 months, the birth-weight of 6 pounds having increased to 12½ pounds. She was then put on a mixture of milk, cream, water and a modifying powder, according to the directions on the can, and in the next 4 months she gained 1½ pounds. She was obstinately constipated and the mother had been giving her some magnesia every day, the movements being hard and often having blood on the outside.

Certified milk was used in the feeding, the 5 per cent variety served in pints, so the mother was given the following directions for preparing the bottle:

Milk from one pint bottle, 16 ounces;

Top milk from another pint bottle, 8 ounces;

Barleywater, 21 ounces;

Sugar, granulated, 2 teaspoonfuls;

Limewater, 3 ounces.

For 6 feedings, 8 ounces in each.

The mixture was calculated to contain a little over 4% of fat and 1.8% proteid, and its use was followed for a short time by a relief of the constipation, but the starved system soon took up all this food, and in spite of frequent increases in the strength of the mixture, it was 2½ months before the constipation was completely removed. The chart shows the satisfactory progress of the weight, as the deficiency of 4½ pounds in the ninth month had been overcome shortly after the end of the first year, when the baby

weighed 21½ pounds. At 17 months of age she was 2 pounds above the average.

We are sometimes asked to direct the *feeding* of a child *by mail*, and this is never an easy task because conditions may be present upsetting the value of mixtures directed with our best skill, and if progress is not satisfactory it is almost impossible to tell where the trouble lies.

Cases 5, 6 and 7, are such patients, one of whom thrived very well, the others being less satisfactory. Contributing very largely to the good progress in case 5 were the very full reports sent by the mother, one of which is here inserted:

"This boy, who is my third child, born December 8th, is now 7 weeks old,—weighed at birth 10 pounds, not dressed. I have never been able to nurse my children, and have had to resort to artificial feeding, having used——'s formulae for both the other children successfully. This infant was also started out on——'s first formula, but as this did not agree with him, my physician prescribed barley gruel digested with Cereol, but during the week this was used, there was no gain in weight, the child acted starved, with difficulty passed green stools with mucus (always had to resort to enema or suppository). Then we put him back on to——'s second formula, giving 3 ounces every 2 hours during the day and 2 feedings at night. This seemed to agree with him pretty well, but nothing so far has been just exactly right. He seems well, strong and active, and since the fourth week has gained ¼ of a pound a week. His food does not seem to satisfy him or to nourish him sufficiently. He sleeps tolerably well during the day, but at night seems restless, sleeps lightly, passes a great deal of wind by mouth and rectum, and the stools will be normal for a few days in succession and contain more or less green, which is sometimes light and sometimes dark green, with mucus. When yellow they are cheesy and apt to be constipated. He has always been constipated and the addition of more cream to the food has not corrected this condition. Last week, when 6 weeks old, we brought him from our home in the North to Florida. He stood the journey well, slept almost all the time and was a model baby in every respect. Here the milk is a very different variety from that at home, and I wonder if its lack of strength has helped to upset him. At home the milk used was from our own registered Jersey cows (regularly examined, tested and pronounced absolutely healthy) and is probably much richer in cream than what we get here, or than the general milkman's product. We have not pasteurized or sterilized the food at home as our doctor did not advise it if the milk was good, but would you advise so here, where we are not sure of the milk's being good and pure? We use boiled water in making the food, of course. We get the best milk to be had here,—from Ayrshire cows, but the fodder for cows is so scarce, the milk seems weak and not so rich in cream. The cream, what little there is of it, takes so long to rise and seems so thin, would you advise adding more cream from an extra quart of milk? I speak of this thin cream, as I think it should be taken into consideration when preparing the formula for modification.

The change of milk and climate have combined



to upset the child, and we have resorted to peptogenic milk powder until we hear from you, using instead of the milk and cream of \_\_\_\_\_'s third formula, 12 ounces of top milk to 33 of water and 2 level measures of peptogenic milk powder, made by the cold process (mixing powder with cold water, adding top milk, sealed and put on ice). During the two days he has taken this, the stools are much better, almost normal, one natural movement a day, but there is still eructation of gas, with pain, especially at night, and he does not sleep well. He vomits very seldom, then only a little. Some regurgitation. He takes  $3\frac{1}{2}$  ounces every  $2\frac{1}{2}$  hours during the day, and at night when necessary (10 P. M., 2 A. M., 5 A. M.) Takes 4 to 6 ounces of boiled Poland water during the 24 hours. Now, at 7 weeks old, he weighs 11 pounds. We think he does not gain enough in weight, does not seem satisfied with the food, and sleeps very little for a young infant. For example, to-day, after a restless night, he has slept only in short naps about 20 minutes at a time, probably 2 hours during the whole day. He seems good and not in any special pain, but simply does not sleep. I have a trained nurse in attendance who is competent to carry out your directions to the letter."

With the above complete data it was decided to put the child on a mixture calculated to contain 3.6% fat, 6% sugar and 1.5% proteid, using milk, gravity cream, barleywater (made from pearl barley and cooked with salt), cane sugar and lime-water. Additional formulas of increasing strength were given, and the report at the end of the first week was: "We put the baby on the first formula on Thursday and, at the end of the week, found that he had gained half a pound, has had normal stools—2 or 3 a day—his appetite seems satisfied and there has been little colic and no vomiting." The fat was then raised to 3.7% and the proteid to 1.8%, and a week later another change was made to 4% fat. These proportions were maintained for several months, the amounts at each feeding being raised according to demand. Subsequently the proteid was raised to 2.25% on which he thrived from  $5\frac{1}{2}$  months to 11 months of age, when a change was made comparatively rapidly to whole milk.

The explanation of the weight-curve in case 6 may be that possibly the child was one of those who do not easily digest the so-called Channel Islands milk. The milk used for this patient was from a private herd of Jersey cows, and in the feeding of the baby we always had to contend with much regurgitation and constipation. However, she did better than her younger brother who was fed for the first  $3\frac{1}{2}$  months of his life last summer on milk from the same herd. His progress had been fairly satisfactory for the first 10 weeks, but then his appetite began to fail, with regur-

gitation and constipation. He was being fed on a mixture calculated to contain 1.8 per cent proteid and 3.8 per cent fat, as I understood that the milk was ordinary dairy milk, and the cream was reported to be obtained by gravity, and was therefore looked on as 16%. Report was then made that the herd was composed of registered Jersey cows and that the cream was skimmed from pans (which is said to give a richer cream than that obtained by gravity in bottles). Samples of the milk and cream were then obtained for analysis with the surprising results that the milk was found to contain 10% fat and the cream 54%, so that the calculation of the mixture as prepared for the baby, which was verified by a chemical analysis, gave, instead of 3.8% fat, a reversal of the figures, or 8.3%. The child has, as a consequence, an indigestion which will not subside immediately with a correction of the diet and it is to be feared that the nutrition will be impaired for some time. This is a complication which never arises when certified milk (and by this I mean such as receives the certificates of the Philadelphia Pediatric Society's Milk Commission) is used, for the monthly examinations show that the chemical constituents of the milk furnished by these dairies undergo such slight variations, even from season to season, that they may be disregarded in practice.

## SYPHILITIC AFFECTIONS OF THE EYE.\*

By Alfred Cramer, M. D., Camden, N. J.,  
Clinical Assistant Wills Eye Hospital,  
Philadelphia.

Any ocular disease is of especial interest to us as physicians, which involves the possibility of permanent injury to the vital functions of the eye, and while as a rule syphilitic affections of the eye are not as serious as many of the affections peculiar to that organ, yet it is a frequent cause of marked impairment of vision, and is estimated to produce 2.2 per cent. of all the blind. Moreover, the disease may be insidious in its onset, unaccompanied by marked symptoms until the patient becomes aware of the resulting loss of vision; or else the disease may be acute and attended by intense suffering.

\*Read before the Camden City Medical Society, Dec. 12th, 1905.



For these reasons accurate diagnoses and prompt treatment are urgently called for, and will do much towards lessening the injurious effects. While no accurate deduction can be made from the following statistics, they indicate the frequent occurrence of eye diseases caused by syphilis. These statistics have been compiled from a vast number of cases, occurring in many countries and an average has been struck:

It has been estimated by various individuals that 0.42 per cent. to 16.5 per cent. of all cases of syphilis, including both the acquired and congenital forms, are at some time or other affected with syphilitic disease of the eye. In 7,629 cases of syphilis Siegmund and others estimate that 3.2 per cent. were affected with ocular complications. It is obviously impossible to ascertain the correct percentages because there is no way of knowing the total number of syphilitics in the world. Alexander, who has made the most exhaustive investigations of syphilis, found from an examination of 180,600 cases of diseases of the eye, collected by himself and others, that 1.9 per cent. were due to syphilis. From a study of 7,075 cases taken from the clinic of Dr. W. C. Posey in the Howard Hospital, Philadelphia, we roughly estimated that 2.1 per cent. were due to syphilis.

Syphilis affects the eye in one of two ways, either by direct action of its poison on the uveal tract (consisting of the choroid membrane, the ciliary body, and the iris), or indirectly by first attacking neighboring structures, as the bones of the orbit and the brain. In the eye, as elsewhere, syphilis has a tendency to attack mesodermic tissue, hence that part of the eye containing blood vessels, which nourish it, is especially liable to infection, i. e., the uveal tract.

The eye may be the seat of all three stages of syphilis: first the lids, conjunctiva, cornea, and tear apparatus may be the original point of entrance of the poison, as well as the seat of hard chancre. It is interesting to note that this unusual point of entrance of syphilis may be brought about in several ways: by kissing, by rubbing the eyes with the fingers, or with anything which has been in contact with syphilitic virus. In Russia and Italy a number of cases have been reported as having been caused by the somewhat common custom of removing foreign bodies from the eye by means of the tongue; the operator in these cases having been syphilitic. Iritis and the exanthemata of the skin of the lids and conjunctivæ belong to the second stage. Between

the second and third stages belong choroiditis, retinitis and optic neuritis. In the third stage there is found tuberculo-serpiginous syphilide of the lids, parenchymatous keratitis, gummae of different parts of the eye, disease of the optic nerve, and finally of the muscles of the eye.

There is not a single part of the eye immune to syphilis. Not even the lens, as was previously thought, is exempt, although this is affected secondarily. The different parts of the eye are affected in their order of frequency about as follows: 1 uveal tract, 2 optic nerve, 3 muscles of the eye, 4 retina, 5 cornea, 6 tear apparatus, 7 lids and conjunctivæ, 8 socket.

Syphilitic affections of the eye are frequently bi-lateral. Scubert found this to be true in 36 per cent. of his cases. Coccius, in more than one-half of his cases. The latter thinks this is due to a complication of the disease; having found that in 74 per cent. of the bi-lateral cases the disease was complicated. By complication is meant an extension of the disease from its primary focus; such extension being due to a secondary effect of the disease; for on account of the close union of the constituent parts of the uvea, primary infection of the iris will produce in its turn an inflammation of the ciliary body (cyclitis), which may eventually produce disease of the choroid and retina, thus bringing about a condition of panophthalmitis.

More men are affected by syphilitic disease of the eye than women; men 65 per cent., women 35 per cent. Most of the eye complications occur between the ages of thirty and forty.

Inasmuch as any ocular disease may have syphilis as an underlying cause, it is of course impossible to describe in detail the many syphilitic affections of the eye, so it will suffice to say a few words about syphilitic iritis. This is by far the most common form which acquired syphilis takes in the eye (44.7 per cent). About one-fourth of all cases of iritis are due to syphilis. In about one-fourth of all these cases both eyes become affected, the second eye seldom being affected at the same time, the interval varying from a month to years.

As has been said, the uveal tract is usually the point selected by syphilis, particularly in the secondary stage, and owing to the dependence of the choroid, retina, and vitreous humor upon this tract for nutrition, we usually find, inflammation of the one involving the others to a greater or

lesser degree; hence when the iris is affected we may look for an involvement of the ciliary body, and in later stages of other tissues.

Simple plastic iritis of syphilitic origin has no characteristics which of themselves prove its etiology. We depend for our diagnosis upon other evidence. In iritis condylomata, papulosa and gummosa the condition is sufficiently typical to afford a fair basis for a diagnosis. Often associated with pus in the anterior chamber of the eye we find, in these cases, a yellow or dull orange colored nodule, generally situated near the lower margin of the pupil, and surrounded by a narrow zone of red.

The subjective symptoms of iritis are those of severe inflammation, intense pain, photophobia, and lacrimation. The pain and tenderness are situated not only in the eye ball but also in the surrounding parts, especially in the region of the eyebrow. In severe cases of irido-cyclitis the pain is almost intolerable, particularly at night, and is accompanied by fever and sometimes vomiting. Vision will be markedly diminished. Objectively the observer notices great redness of the eyeball, lacrimation, and dread of light. The pupil is usually contracted and does not react well to light.

Iritis is a predisposing cause of glaucoma, and at times we find the two co-existing, but having many symptoms in common. glaucoma has often been wrongly diagnosed as iritis. Such a diagnosis might readily be fatal to the sight of the eye; for in acute glaucoma an immediate iridectomy is urgently demanded. A differential diagnosis can be made from the fact that in glaucoma the pupil is dilated; in iritis it is contracted; in glaucoma the eye is hard to the touch, in iritis it is not usually hard.

Looking at syphilitic affections of the eye from another standpoint we may divide them into two classes: First, an acute inflammation involving the anterior portion of the eyeball, of which class iritis is an example; second, a chronic condition affecting the posterior portion of the eyeball, such as the vitreous humor, the choroid, retina, and optic nerve. In the first class, on account of great suffering, the patient does not rest nor does he permit his physician to rest until his symptoms are relieved. In the majority of cases the underlying cause of the disease will be discovered, and under appropriate treatment the active progress of the disease will be arrested.

When the disease has been thus arrested early in its course, the resulting loss of vis-

ion will be slight. Unfortunately the patient is with difficulty made to continue the treatment after the relief of his symptoms, and in many instances the disease is not cured. It may then become chronic and secondarily affect the more important tissues in the back of the eye. When this occurs we almost always have serious impairment of vision, depending largely upon the stage at which treatment is undertaken, and the part of the retina involved.

Congenital syphilis produces all the forms of ocular disease that have been noted under acquired syphilis. We wish now to call your attention to some of the variations. As Dr. C. F. Clark says: "In hereditary syphilis, owing to an attenuation of the specific poison in transmission through the tissues of the mother, or to a process of selection by which only the less serious cases survive, it usually runs a course, though often far more obstinate and unyielding to treatment." Like the acquired form, the uveal tract is the point of selection in congenital syphilis. It is usually seen in children whose ages range from two and one-half to nineteen years. Its most common manifestation in the eye is under the form of interstitial keratitis, or inflammation of the cornea. This is what has been termed an emigration keratitis, and is secondary and in association with other lesions of the uveal tract. Hereditary syphilis is responsible for about 50 per cent. of all cases of interstitial keratitis, and the latter constitutes about 0.17 per cent. of all syphilitic diseases of the eye. About 37.5 per cent. of all children with congenital syphilis develop interstitial keratitis. The disease is apt to be more often bilateral than when it is due to other causes. More girls are affected than boys.

As in all late manifestations of syphilis, many of the symptoms of the congenital form of the disease, especially those appearing after infancy, are due to secondary changes, not the immediate result of the infection.

The diagnosis of syphilitic disease of the eye is made easy if a history of syphilis can be elicited. This is usually not difficult. But in a certain number of cases either the patient is not aware of his disease, or else denies a specific history. In this case we have to depend upon other diagnostic facts. As an instance of this class we have in mind a patient who presented himself to us, who had suffered with an intense inflammation of the right eye for six months. A diagnosis of specific panophthalmitis was

made, though the patient held an important position in a religious organization, and denied specific infection. In gradually increasing doses the patient was soon able to take iodide of potassium, 80 drops of a saturated solution *ter in die*, and the eye got well. In these cases we get at the diagnosis by a process of elimination assisted with the ophthalmoscope and the perimeter. In hereditary syphilis there will not be as much difficulty in diagnosis, for there are usually many objective signs of the disease present, such as Hutchinson's teeth, diseases of the bones and joints, fissures and scars around the mouth, etc.

It is of great importance to bear in mind that antisyphilitic treatment can have little effect upon the late lesions, and it by no means follows that a lesion of long standing is not of syphilitic origin because it fails to respond to antisyphilitic treatment.

In conclusion we wish to repeat what we have said before, that the symptoms of diseases of the eye of syphilitic origin do not differ materially from similar diseases due to other causes, and that we depend largely upon a specific history, and make use of any other diagnostic points present. We have also tried to show by statistics the relative frequency of the disease, believing that if we can exclude all other causes, our attention will be directed to the possibility of a specific origin of the disease. In such a case we shall not rest satisfied until every portion of the eye, which may have become involved, shall show no further progress of the disease.

## THE PRACTICAL APPLICATION OF DISINFECTANTS.\*

By Robert J. Wilson, M. D.

Assistant Bacteriologist in Charge of Disinfection, Department of Health, New York City.

In order to discuss intelligently a paper of this kind it is necessary to define the terms used in it.

By disinfectant is meant an agent that either destroys disease organisms or so injures them and their products that they are no longer capable of producing disease.

By the term disease-organism is meant any organism, either animal or vegetable, capable of producing disease. Of these we are most familiar with the bacterial cell.

\*Read before the Society of Alumni of Bellevue Hospital.

In a general way the bacterial cell is made up of water, albumen, salt and fat. Of these cells there are two forms, the vegetative and the spore. In the vegetative form the albumen is only slightly protected from outside influences, such as heat, drying and chemicals. In the spore form there is less water, the protoplasm is probably changed in its constitution, containing possibly a larger percentage of fat; and in addition to this, it is protected by an outer membrane or capsule, which, as compared to the membrane of the vegetative form, is very resistant. This has been demonstrated over and over again by staining methods.

The varieties of infective bacteria with which we are most familiar belong to the vegetable forms, as, for example, diphtheria and typhoid. But in disinfection we have also anthrax and tetanus to think of amongst human diseases and symptomatic anthrax amongst animal diseases, where spores have to be considered. When a disinfectant combines with an organism and disinfection ensues, the chemical process taking place is the same as that in any other chemical union. The disinfectant, one substance, joins with the protoplasm of the organism, a second substance, and these two combining form an entirely new third substance. The first and second combining substances are lost. In the case of disinfectants this new substance is usually inert; is always inert as far as its infecting properties are concerned. You can readily understand how very important it is to know this. Let us say, for example, that it takes one gram of disinfectant to destroy one organism. Let us suppose that we have 1,100 organisms and 1,000 grams of disinfectant. We place them together. What happens? One thousand grams of disinfectant unite with 1,000 organisms and leave 100 organisms unaffected and perfectly able to produce disease. How important it is then that medical men ordering disinfection should be sure to order a sufficient amount of the disinfectant. To be on the safe side they should always order an excess.

It is also very important that the disinfectants used should always be in the highest concentration possible. High dilutions of either gases or fluids are not nearly so effective as lower dilutions. In this chemical union between disinfectants and organisms, those conditions of moisture and temperature which help to a rapid and complete union in a chemical laboratory obtain also. You would not expect to get a good result in a cold room; you would not expect



to get a complete union where two dry substances were brought together; therefore, heat and moisture should always be provided. Of course the moisture in the body of the organism is frequently sufficient to ensure union, but it must not be overlooked that many of the organisms are dry and many of them exist in the spore stage in which their own moisture is at the minimum.

We will treat the practical application of disinfectants under three heads: First, Personal disinfection; second, Disinfection after infectious diseases, and third, The testing of disinfectants.

Under personal disinfection, let us consider first what the organisms are that we wish to destroy, and secondly, where they are situated. We know that on the skin, hands, etc., there are always supposed to be present the pathogenic cocci, together with certain saprophytic forms, always found in dirt and in the air. Fortunately most of these (all of the pathogenic cocci) are vegetative organisms, and therefore if they can be reached should be easily destroyed on account of their easy chemical combining properties. But some of them are not easily reached. They lie in the deep layers of the skin and are not rubbed off by the scrubbing and diluting process, nor are they reached by the disinfectant. Fortunately they are liable to remain in the deep-seated crevasses during the entire operation, and not be scraped off. The few that do get into the wounds are easily taken care of by the protective substances in the blood of the patient. Thus is Nature ever wiser than surgeons in the protection of her own handiwork.

It sometimes happens that there are found on the hands of an operator organisms that he has taken up from pus cases on which he has been operating. These organisms are of a very different nature from those ordinarily found on the skin. They have by passing through susceptible animals attained a high virulence. This means probably that they have lost from their bodies through association with the serum of the animals in which they have been growing that part which originally was vulnerable to its attack and they are now no longer affected by the blood serum, so that if a very few get into the blood of a patient they find a satisfactory medium and can immediately grow and produce their poisonous effect. It seems to me, therefore, that no one is justified in going from a pus case to an operation on another case without having a more complete protection than any-

thing that can be hoped for in the way of personal disinfection.

Experience has taught us that the most efficient way of ridding a medium of organisms is by dilution, and so it is with the hands. Thorough washing and scrubbing removes from the hands and skin most of the organisms therein or thereon. It must be remembered that many of these organisms are held in little clumps of epithelium or packs of dirt and therefore a solvent is necessary to break up these little spots. The best solvent is soap. After everything has been done that is possible to remove by soap the organisms, then the skin is ready for the disinfectant, and I know of no better one than that suggested by Dr. Robert Weir, of using a pinch of chloride of lime and a pinch of carbonate of soda and adding just sufficient water to this to make a creamy mass, rubbing this thoroughly over the skin and leaving it for a few moments, which is sufficient time for the chlorin to act upon the germs present. The bichloride and iodide of mercury are both time-honored hand disinfectants; probably deservedly so. The claim made that the organisms are only held in an insoluble albuminate is probably not of very great importance, because they are held for so long a time that the danger to be expected from them is passed before they are released.

In disinfection following infectious disease we have to think of the same things that we do in personal disinfection. First: What are the organisms? Second: Where are they located?

Now it so happens that in certain of the infectious diseases, commonly called contagious diseases, we do not know what the infective organism is. We now think that perhaps it is one of the lowest forms of animal life—protozoan, but in the light of former experience we disinfect after these diseases in much the same way that we do after those caused by bacteria, and we feel that those agents that will destroy bacteria will also destroy these animal parasites. Not so, however, with the living insect host, as in yellow fever and malaria. There we know that one part of the life cycle of the infecting organism exists in an insect—the mosquito; therefore, in these cases it is necessary for us to have an agent which is both a bacterial disinfectant and an insecticide. It is a fact that the most lauded (and justly so) bacterial disinfectant at this time—formaldehyde—is not an insecticide, and you can see how utterly ridiculous and foolish it would be to order this disinfectant

following yellow fever or malaria. In typhoid fever, pneumonia, tuberculosis and diphtheria we know what the organisms are; we know where they are located, and we ought to know what to do to protect ourselves against them. In any case of infectious disease the first aim of the physician should be to confine the patient suffering from it to a circumscribed area, and in this area to keep everything used in connection with the case, attendants included. This is commonly known as quarantine, and efficient quarantine will probably do more to prevent the spread of infectious disease than any other procedure.

The room where the patient is confined should be as free as possible from all furniture for the following reason: If the disease is to extend over a considerable period of time, all unnecessary articles represent places for the accumulation of dust and dirt; and coming off from the body of this infected patient during the entire course of the disease there may be infective organisms. It is to prevent their accumulation and to make more easy their destruction after the disease, that the room should be free from unnecessary articles.

Especial care should be taken of the dejecta and sputum of the patient. They should be received into antiseptic solutions and should be kept covered with them until they are finally disposed of, which may be done by heat, by chemicals, or in some instances, by throwing them into the sewer. The principal thing to remember is to keep them covered by the disinfectant until they have passed from where they can come into contact with any other human being.

The bodies of those suffering from diseases where desquamation takes place should be properly anointed and bathed daily; the cloths and solutions used in the bathing process should be thoroughly sterilized. In the light of the recent work done in the Philippine Islands, where it has been found that in monkeys the eruption of smallpox can be made general by inhalation, the necessity for taking care of these desquamating scales is seen to be imperative.

When a case of infectious disease has recovered and the premises are to be disinfected by gaseous disinfection and washing processes it is still to be remembered that dilution of organisms is the best way to get rid of them, and therefore all washable parts of the affected area should be rubbed down with cloths dampened in disinfecting solution, and these cloths afterwards disinfected or destroyed. This process will re-

move most of the organisms and the gas subsequently used will find just that many less to combine with. The size of area must be known; the amount of gas necessary to fill it must be used, the length of time necessary for this gas to combine with the organisms must be allowed, and the gas must be used in strong concentration.

I cannot close this paper without calling your attention to the testing of disinfectants, not to the technical manner in which it is done, but to the test organisms and how to interpret the report from a bacteriological laboratory attesting the germicidal value of any particular disinfectant. Drug stores and department stores are loaded with various proprietary disinfectants. Our street cars and signboards on the streets are placarded with advertisements of disinfectants until you can hardly go a block without seeing one or more. There are wholesale manufacturing houses given over entirely to the preparation of disinfecting appliances and disinfectants. And what does it all mean? That all of these things have value? You know that in every week's mail you receive a pamphlet or circular from some highly reputable chemical house, describing the virtues of some disinfectant solution, usually accompanied with a certificate of its germicidal value from some reputable bacteriological laboratory. Of the advertised and uncertified disinfectants I believe that a great many are worthless, or at any rate worthless when used as recommended. Of the certified disinfectants I have never yet tested one that would do what the certificate claimed, but of the certified ones you may always know this, that they do have disinfectant value, if used in sufficient concentration.

If these statements just made are true, how then are we to judge of the value of a disinfectant? There should be a recognized standard of disinfectant value. This should be pure carbolic acid; there should be a recognized length of time that test organisms are to be incubated; this should be not less than eight days. It should be recognized that the control with the standard disinfectant and the same strain of test organism is to accompany the test of the disinfectant under consideration, and all of this information should be embodied in the report certifying the disinfectant. Then every medical man buying a disinfectant solution would know exactly how valuable it is as compared with carbolic acid, a substance with which he is very familiar.

## PROPRIETARY MEDICINES AND STATE MEDICAL SOCIETY JOURNALS.\*

By

Richard Cole Newton, M. D.

Consulting Physician, Mountainside Hos-  
pital, Montclair, N. J.

*Mr. President and Members of the Hudson  
County Medical Society:*

I feel very deeply the honor of your secretary's invitation to be present at your annual meeting, and to take part in the discussion. I do not know how I can better introduce the subject upon which I wish to speak than by reading the following quotation:

A personal investigation by Dr. W. S. Fullerton of six representative drug stores in St. Paul, Minnesota, disclosed the fact that over 20 per cent. of the current prescriptions on file are for proprietary medicines of unknown composition. This means that one out of every five of St. Paul's prescribing physicians is an unsalaried employe of the proprietary medicine industry, actively engaged in distributing its products. Physicians have been the means, in the past as in the present, of making certain widely prescribed proprietaries counter commodities, sold directly to the public through their indorsements. It is not long before the patient finds out that he can get the tonic the physician prescribed by calling for a bottle of it, just as he would for any other "patent medicine." Dr. Fullerton says that it would seem that with their other failings, physicians are guilty of disloyalty to their home city and their local pharmacists and would rather help build "patent-medicine" blocks in foreign towns than see local druggists make the reasonable profits which are their rights.

The remedy for this condition is very simple, he declares, and is in the hands of physicians—they let them stop prescribing proprietaries. The basis of this reform must be a more intimate knowledge of materia medica and a better understanding of drugs and their actions. More time should be given in colleges to the teaching of this branch of medicine and to the art of prescription writing. The ethical side of the proprietary medicine evil should be discussed in the lecture room. The recent graduate comes on the stage well equipped as a pathologist and bacteriologist; he is a good anatomist, and a passable diagnostician. He has imbibed the idea that a correct diagnosis is the all-important aim of his examination in a given case. Treatment, outside of surgical measures, he is apt to look on as a secondary matter. He devotes time and the most exacting pains to the blood count, the bacteriologic examinations, urinalysis, etc., at too great a disregard possibly of the coarser clinical picture, forgetting that the patient is more interested in relief from his sufferings than in a refined diagnosis; and when it comes to medicinal treatment not one in ten

knows the value of drugs nor how to write a prescription, because he has not been taught. He is left to get this knowledge as best he may, and a large part of it he obtains from the advertising literature of the proprietary medicine manufacturer.

The above is an abstract of an article in the *Journal of the Minnesota State Medical Association and the Northwestern Lancet*, which appeared in the *Journal of the American Medical Association* for March 31, '06.

Dr. Jones, I believe it was, in the *California State Journal of Medicine*, who called attention to a case in which a woman was sent to the drug store with a physician's prescription for Clay's Blistering Tonic, we will say. She asked the drug clerk if that was not a proprietary medicine and, being answered in the affirmative, said in effect, "well, if I must buy patent medicine, I'll take one I know about." So she bought a bottle of Lydia Pinkham's Compound. This incident shows a number of interesting things. When a physician prescribes a made-up remedy of unknown composition he demeans himself. He has broken his Hippocratic oath not to use secret remedies and he has lowered himself in his patient's estimation. That woman in all probability knew perfectly well that the doctor did not know what he was ordering for her and concluded to take matters into her own hands. If guessing was to be done, she claimed the privilege of guessing herself. She had heard or known of the celebrated Lydia Pinkham, now departed, and chose a bottle of her well advertised medicine. It is extremely probable that the doctor did not see that patient again, because sooner or later, and generally sooner, after our patients lose confidence in us we see them no more. It is claimed in the article, of which an abstract heads this paper, and by many other writers, that doctors use secret remedies because therapeutics and materia medica have been and are improperly taught in the medical schools. I do not believe that this is the principal reason for this pernicious and growing practice. I believe that the real trouble is laziness and timidity on the doctor's part. The advertisements of patent medicines are shoved under our eyes, they are on the blotting pads on our desks, on gaudy cards, paperweights and calendars, on the advertising pages of medical and religious journals, &c. When we take our walks abroad or ride in the rattling trolley cars, or the dusty steam car, behold on every side our vision is greeted, as is that

\*Read before the Hudson County Medical Society.



of the public, with the unblushing assertion that Mother Linkum's Preserved Preparation will cure pin worms, and Blither's Extractum Pondirositum will prevent spinal curvature.

In fact we do not realize how these prevailing notions get into our brains. Images seen so often make so vivid and lasting an impression that we call them up and act on them in a sub-conscious state. It is so easy to write the name of a drug or a combination of drugs which we have seen so many, many times in glowing headlines and illustrated advertisements, that it has burned itself into our consciousness. We do not mean to use proprietary remedies, but *facilis descensus avernii*. It is so easy to slip into the habit. It saves us the trouble of thinking. It seems to take away responsibility from us and place it on the patent medicine man. To do this person justice, he seems quite willing to assume it. Indeed the sacrifice of a few thousand innocent babies or suffering adults never seems to phase a patent medicine maker so long as the dollars come in, any more than similar considerations are allowed to weigh against the unholy profits of the liquor dealer or the cigarette manufacturer. But we, poor souls! having flown in our embarrassment to the cock sure remedy once, continue to dodge the issue. We dread more and more to subject our patients to any risk. We fancy that we have seen so many bad results from over-drugging that we go to the other extreme and frequently do not use drugs enough. In a charming paper recently published in the *Boston Medical and Surgical Journal*, Dr. F. C. Shattuck asserts that he has recently cured or greatly benefited certain cases of heart disease, which had been sent to him in an apparently dying condition by their medical attendants, because he had not hesitated to give digitalis in sufficiently large and long continued doses. Heart disease is so rebellious to treatment and is so liable to sudden and frightful terminations that we often lose heart in treating it. We know that digitalis may be poisonous or decidedly hurtful in some cases and we frequently hesitate to use it in sufficient doses in any case.

What is our duty when we have to treat a serious case of heart disease? Is it to use some advertised remedy, the exact composition of which is unknown, because we are afraid of digitalis? Most assuredly not. Anyone with any knowledge of medicine at all would scout the idea. The only sensible and rational procedure is to use digitalis,

or strophanthus or convallaria or some of the remedies of the pharmacopeia with which we are, or ought to be, familiar. The present tendency to constantly fly to new remedies instead of thoroughly trying out and depending upon the old ones reminds me of a remark attributed to the well known attorney, Mr. Hadley, of Missouri, who has recently done so much to vindicate the power and effectiveness of the laws of our country as they stand. He asserts that "existing laws are ample to safeguard the country so far as trusts are concerned. It seems sheer folly to be shouting continually for more laws for the government of concerns that tend toward the restraint of trade. The whole trouble is that the laws are not enforced, and that monopolies take advantage of this condition." While it would be folly to maintain that our pharmacopeia cannot be improved or that it is in any respect as exact as our code of laws, it is undeniable that if we used the weapons against disease which it affords with the same avidity and enthusiasm with which we run after so-called new remedies, we could as a rule accomplish far more in the treatment of serious illness than we now do.

Prof. Hall, of Chicago, has proposed that a course in physiological pathology shall be added to our medical school curricula. In which the symptoms of a diseased condition should be traced to their pathological cause without any consideration of the diagnosis of the disease as a whole. Such a course could not fail to be of the utmost value if properly and conscientiously pursued. And if, after such a course of study, a student should perfect himself in the study of physiological therapeutics he would unquestionably become a physician of the highest class. He would not stoop to write for an unknown remedy, nor would he care to confine himself to an inflexible and inelastic formula, like the shot gun formulæ which are so fashionable at present with medicine manufacturers, whether their remedies be open or secret. We must get back to simplicity in prescriptions, fewer ingredients, fewer incompatibles and, like Sir Joshua Reynolds's colors, they must be mixed with brains.

It is only by the sweat of the brow that we can attain eminence in any earthly thing. The tendency of modern life is to have our food so highly prepared that it requires neither mastication nor digestion, so many elevators and trolleys are now provided that we need never walk a step, so many patent

and easy ways of doing everything have been invented that no effort is required on our part, and so in therapeutics every conceivable remedy for every known disease has been so delightfully and so skilfully blended that the doctor can avoid thinking out his prescriptions or referring to his books to refresh his knowledge of drugs. All that is required for success is to use the proprietaries as advertised and sickness and death shall flee away.

But I started to say something about the State Medical Society Journals. This entire movement to purify the medical press of the country started with the *California State Journal of Medicine*. Only the journals really owned and controlled by the State societies are independent enough, honest enough and brave enough to attack this evil of the advertisement of nostrums in the medical press and keep up the fight. The privately owned papers are published for money, they exploit and beguile the profession for gain and have done so always. The State journals and the *Journal of the American Medical Association* are doing a noble work in unmasking this gigantic fraud and in bringing the profession to its senses. When the medical press has cleared its own skirts it can and will force the lay press and the religious press to follow suit. The average of intelligence both in and out of the profession is gradually rising. It has we believe, at last risen to the point where this question is understood in its true bearings. The duplicity of the privately owned medical journals is apparent to everyone, and although the fight may be a long and a hard one, honesty and decency in the medical press will assuredly be exacted at last by the profession. The credit for the inauguration and prosecution of this beneficent work belongs to the State medical journals.

Furthermore the better organization which we need for our own preservation can only be achieved and maintained by the State journals. The suppression of quacks, abortionists and medical frauds of all kinds can only be accomplished by a more efficient organization than has hitherto ever been reached in New Jersey.

In Alabama, so thoroughly organized is the state medical society, that we are told that no medical legislation has even been proposed for twenty-six years, in the State Legislature unless it had previously received the approval of the State Medical Society.

In the fierce struggle for modern exist-

ence the weaker, the poorly prepared and the unalert elements of the community are being steadily and surely pushed to the wall. Are medical men as a class holding their own? Are they as well off relatively as they were fifty years ago? I think it very doubtful. At all events, the average medical man, considering his long years of preparation, his early struggles, his devotion to his profession and his acknowledged high character, reaps as everyone admits, a very inadequate reward in the substantial things of life. His position, his business and his influence might be vastly improved. One of the first steps toward this improvement is a better organization of our State and county societies. The weeding out of the incompetent practitioners of medicine and the advancement in every way of the standard for admission to the profession. The State journal by promoting all these things, by disseminating knowledge, by increasing the interest and binding the men together and thus enhancing the power and influence of the county, State and national societies is, I honestly believe, the most potent means yet devised to improve the doctor's lot and to make his position more secure, more dignified and more respected by the entire community.

Scattered and disorganized forces can accomplish little. One hundred men properly drilled, firmly united and governed by an inflexible purpose can rout thousands of untrained, unorganized and discordant people.

No matter how worthy or how accomplished individual members of our profession may be, without organization and a firm purpose to sacrifice our time, money and strength freely for the common good we can never materially better our position and our business prospects. We must live and our children must be educated. We cannot leave them fortunes; we must, however, give them at least a decent chance to start in life. Every consideration of policy, of duty to ourselves, our families and to the community in which we live demand better organization, a better support of our county and state societies and every possible help to our state journals.

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It is a peculiar fact that post-operative prolapse through the epigastric wound occurs frequently in operations for malignant disease of the stomach. Such wound therefore should be closed with more than usual firmness and all possible precautions should be taken to guard against post operative vomiting.—*Amer. Jour. of Surgery*.



## Correspondence.

The following letter is so apropos and so honest and sensible withal that we copy it entire from the *Journal of the American Medical Association*.—(Ed.)

### The Nostrum and Other Evils.

CANON CITY, COLO., March 28, 1906.

To the Editor:—In all that has been said about the nostrum and proprietary medicine question, it seems to me that the real remedy has not been emphasized as it should be. If every physician would get right and keep right, these evils would soon cease to exist; and no one need to go to extremes in the matter, either. There are comparatively few "ethicals," and it is easy to select them. Those made by reputable manufacturing houses and whose ingredients are well known, and for which no extravagant claims are made, should be the only ones prescribed. We all condemn "counter prescribing" and yet keep on prescribing proprietaries and help the druggist to do a wholesale business in that line. Why not stop it and stop it right now?

Another thing: How long are we going to subscribe for, contribute to and read medical journals that accept objectionable advertisements? A journal which I have taken for years had, in a recent number, sixteen advertisements from members of an association which is the bitterest enemy the profession has; besides quite a number of others equally objectionable. The editors of this journal are leaders in the profession in America, able, and of wide reputation. Are not these men culpable in that they do not demand the exclusion of these "ads," on penalty of their resignation? I have stopped reading this journal and all others of the kind. If every other physician would do the same how easily could the medical press be reformed. But physicians will not stand together in these matters. A striking illustration of this fact has recently come under my observation. An old-time life insurance company, for which I have been an examiner for a long term of years, lately cut the fee from \$5 to \$3 for examinations for policies under \$3,000. I promptly returned the schedule unsigned, as I have all such propositions for the past ten years, giving my reasons for declining to accept the cut. The medical director of the company, in a long letter arguing the case, said among other things: "Thus far we have had only 990 refusals as against over 12,000 acceptances." Were the figures reversed, what a grand reform would have been effected. But no; one man stands for his rights and the honor and dignity of the profession while thirteen "bow the knee" and let the company walk over them as it pleases. Our county society recently adopted a resolution, since concurred in by every physician in the county, pledging its members to make no examinations for life insurance companies for less than \$5. A resolution was also adopted endorsing the work of *The Journal*, and also *Collier's Weekly*, the *Ladies' Home Journal* and other magazines, in their fight against the "Great American Fraud," the "patent medicine" and nostrum evil. Every medical society in the United States ought to speak out and speak plainly, if it has not already done so, and every physician should get right at once on these questions and thus once and forever put an end to these evils.

T. B. MOORE, M. D.

## AS TO VACATIONS.

To the Editor of the Journal:

Sir:—Every cash girl in Macy's gets a longer vacation than the members of our New Jersey State Medical Society. This is no exaggerated statement, but the bald truth. The cash girl gets fifty-two Sundays, eight holidays and two weeks in addition, making a total of seventy-four days, or over ten weeks. We medical men get no Sundays, no holidays, and if we take a paltry three or four weeks we think we are doing wonders. It is not strange that we die younger than any other professional men. Ministers outlive us by many years, in spite of niggardly salaries and unkind criticisms, which follow them from the seminary to the grave. However, the world over, they take off Mondays and get a month in summer.

Lawyers outlive us unless, grown too prosperous by fat fees, they court gout and sclerosis by high living. Artists, engineers, teachers and even editors, all beat us in the race for longevity. But these men act with some enlightened selfishness in the management of their work and rest. Mechanics and day laborers have fought for and won an eight-hour working day, or at most, ten. Our working hours are usually twelve or even longer. The rest of the world goes to bed at night and sleeps; but the medical man is expected to have his rest interrupted by the need or caprice of any patient.

Few other men bear the constant nervous strain that we do. To brace up neurasthenics; to make quick decisions involving the issues of life or death; to pilot critical cases through their crises; to perform dangerous operations; all these involve a wear and tear on the nervous system that is tremendous. Were our life stretched out in a series of weekly coupons we might as well cut off one and throw it away every time we are called upon to give up a night's rest; and yet we trudge on at our daily task only to break down in what, we fatuously call, the line of duty, and are quickly cast aside and forgotten by the very ones for whom we have sacrificed our lives.

What is the remedy?

Take some rest! Get out of the rut! Go fishing! Attend the meetings of the State Society; take time for the theatre; cut out all office practice on Sundays and visit only the sickest patients; join a golf club; plan for at least a month's vacation away from home and take it. Such a plan may bring a little less income each year, but it will insure a longer life and a better competency for our children at the end. It will bring such refreshing to mind and body that we can do better work and more work than without it. "I can't do a year's work in twelve months," said one of our ablest judges, "but I can do it in ten months."

Our patients will think all the more of us for running away from them when we need a rest. The only summer vacation I ever gave up was once in the earlier years of my practice when I was to confine a wealthy woman. She was a month behind time and I waited day by day for four weeks. At last the confinement came. It was normal and the mother made a fine recovery only to reward me by employing another physician when illness next came to the family. Since then I have never missed a vacation. We insist upon others resting from their work. Let us be equally fair to ourselves.

Cordially yours,

ELLIS W. HEDGES.



## THE ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION AT BOSTON.

The annual meeting of the American Medical Association, as our readers in general already know, is to be held in Boston, from June 4 to June 9, after an interval of forty-one years.

The General Committee of Arrangements with the five sub-committees, again many times sub-divided, have already for many weeks been occupied with the preliminary preparations, and matters are now so far advanced that it is possible to give some outline of the probable provision for the entertainment and instruction of the visitors, outside of and apart from the usual routine professional work of the association for which the various halls in the Back Bay district of the city have been engaged.

At the opening meeting prayer will be offered by the Rev. Edward Everett Hale, and there will be an address of welcome by President Eliot, in addition to short addresses by the president and president-elect of the association, by the president of the Massachusetts Medical Society, the Governor of the commonwealth, and it is hoped the mayor of the city.

Harvard University has given permission to use the new Medical School buildings, and it is proposed to have three afternoon teas, from 4 to 7 o'clock, with music in the quadrangle and on the terraces of those buildings. These teas will be conducted by the ladies connected with and under the direction of the Committee on Entertainments. One evening will be devoted to a reception given to the president of the association by the profession of New England. One evening will be offered for the theatres. There will probably be a reception, with music, by the city in the fine building of the Public Library, and one by the trustees at the Art Museum. Harvard College and Cambridge are easily reached and will be at their best at that season.

It will be the aim of the appropriate committee to facilitate excursions to historic places, such as Plymouth, Lexington and Concord, to the attractive suburbs of Boston, and to points on the seashore. For those who desire that pleasant experience, a Rhode Island clambake may be made possible and, in combination with this or apart from it, a visit to Newport might be secured.

As relaxation for the serious laborers in the medical vineyard there will be the dif-

ferent hospitals, and clinics, a scientific exhibit, clinical exhibits and a commercial exhibit. The commercial and educational exhibits will be held in Mechanic Building. The committee on the commercial exhibit states that it intends to have the exhibit excel in quality rather than in size. With this end in view such firms only will be invited to exhibit as have been passed upon by the committee, and any others asking for space will be subjected to a like inquiry. Drug firms showing their goods here will thereby be recognized by those in charge as reliable. There will also be a show of motor cars.

The following are the hotels selected for headquarters: The Vendome, for general officers; the Brunswick, for the section of surgery; the Copley Square, for the section of obstetrics and gynecology, and for the section of pathology and physiology; the Lenox, for the section of diseases of children, as well as for the section of cutaneous medicine and surgery; the Oxford, for the section of pharmacology; the Somerset, for the section of medicine; the Thorndike, for the section of hygiene and sanitary science, and for the section of laryngology and otology; the Touraine, for the section of nervous and mental diseases; the Westminster, for the section of stomatology.

The War Department has agreed to send on an army field-hospital, which will be conveniently placed for the study and inspection of visitors. The Navy Department will send some representative vessels ranging from the modern battleship, down through the armored cruiser to the torpedo boat destroyer. These will lie at the Charleston Navy Yard, where the visitor may see the great new dry dock, and then revert to an earlier period of our history by walking the deck of the "Constitution" (Old Ironsides) and climbing the monument on top of Bunker Hill. He will naturally have previously been to the Old South Church of Revolutionary fame, and to the Old State House, where the Lion and the Unicorn are still rampant.

Perhaps after this our industrious visitor will feel inclined at the end of the week for a few quiet days off at the shores and lakes of Maine, or amid the hills of New Hampshire or Vermont. However, this may be, it will be the aim of the committee on transportation to make his arrival devoid of friction and to smooth his departure, if go he must, wherever possible.—*Editorial from the Boston Medical and Surgical Journal*, March 29, '06.

# THE JOURNAL

OF THE

## Medical Society of New Jersey.

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**MAY, 1906.**

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*Each member of the State Society is entitled to receive a copy of the JOURNAL every month.*

*Any one failing to get the paper promptly will confer a favor upon the Publication Committee by notifying them of the fact.*

*All communications relating to the JOURNAL should be addressed to the Committee on Publication, 794 Broad street, Newark, N. J.*

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### THE 140th ANNUAL MEETING OF THE STATE SOCIETY.

A reference to the preliminary report furnished by the scientific committee will show that an unusually good program of scientific work is offered for the consideration of the members. Beside which, it is expected that there will be an oration by some distinguished man to take the place of the president's oration. Our good president being, as our readers are aware, unfortunately prevented by illness from taking his place, where we had fondly hoped to see him, at our head.

We are all mortal and sooner or later must obey the dread summons. But when a man, beloved and respected, as Henry Elmer has ever been, is prevented by a hopeless illness from occupying the president's chair, to which he has been elected by the unanimous choice of his colleagues in the State Society, the most callous of us must feel indescribably sad.

The meetings will be held at the Hotel Chelsea, where we were so well treated two years ago, and it is not too early to write now for rooms for the 19th, 20th and 21st of June. The largest and most interesting meeting in the history of the Society is before us. A full program and a report from the entertainment committee may be expected in the next JOURNAL.

### WHAT ONE MAN MAY DO.

Doctor McCormack's plan of visiting each county society in a State was detailed in our last issue. The following letter sent by him to the physicians in Kentucky explains itself:

Dear Doctor:—At the request of the Council of the State Medical Association it has been arranged that I shall visit as many localities in Kentucky as possible during the month of May, speaking to popular audiences of "Things About Doctors Which Doctors and Other People Ought to Know," of "The Danger to the Public from an Unorganized and Underpaid Medical Profession." I enclose the dates and plan of the trip, and am writing to ask for your personal help and cooperation in securing the attendance of every doctor and influential layman in your section the day I am to speak in your county, whether you are a member or not yourself. The meeting will be held at the Court House unless otherwise announced.

While my work is all done at the expense of the American Medical Association the meeting is held under the direction of your society, and entirely for the benefit of the individual doctors and people of your county. In order to do you the good intended, it is important that your wife and your influential patrons come out with you. I am going to talk about the business side of medicine, as well as many other things, and will not only advise but convince all laymen present that bad business methods and poverty in the profession are far more dangerous to them than to us. I am trying to expose and remove the popular prejudice against us in the public mind, and to prove that our interests are all mutual, and it is remarkable to see how responsive laymen are everywhere to these appeals when properly put. You can say to them it will not be a dry, technical talk, but one that they will understand and be interested in quite as much as the doctors.

The only purpose of my visit is to help you and your people, and I can do nothing for you and your friends unless you are there with them. You can well afford to do this, as I promise to make the day worth more than any month's practice you have ever done. I suggest that you invite lawyers, preachers, teachers, farmers, druggists, business men, and especially ladies.

Asking you to come a little early so that I can have an opportunity to meet and talk with you before I begin to speak, I am,

Cordially yours,

J. N. McCORMACK.

From a number of expressions of approval of Dr. McCormack's work, we select the following, as giving concisely and clearly some of the benefits accruing to the local profession from his visit.

Dr. D. R. Fly, Amarillo, Texas, Councilor, Third District, writes:

The greatest good that Dr. McCormack did was to inject enough stamina into the spinal column of the profession to cause them to demand compensation commensurate with their services, especially from corporations, lodges, etc., and to cause a better feeling of fraternalism in the profession. Our course of study includes presentation and reports of clinical cases, papers and discussions, also quizzes on diseases prevalent in our

section of the State. Dr. McCormack's system of holding public meetings is a marvelous success. The securing of the interest of intelligent laymen is a strong factor in settling local animosities among the profession. The intelligent public is quick to grasp the situation and to declare themselves ready to lend their support and coöperation to all legitimate reforms. I have been surprised at the interest and sympathy shown by the thoughtful and progressive laymen.

Does anyone doubt that it will pay the profession and the laity in New Jersey to turn out *en masse* to greet the "organizer"?

Of course we expect our council to arrange an itinerary for Dr. McCormack, and that he will visit each county society in the State next fall, as proposed in his letter printed last month.

### THE LEGISLATURE OF 1906.

The lawgivers have adjourned *sine die* and doubtless many of our citizens, both the just and the unjust, breathe more freely. The average legislator reminds one of a child with a gun. He may not do any particular harm; he may even appear to know whether it is loaded; but one cannot watch the clumsy attempts at statesmanship of the former nor the foolhardy conduct of the latter without a shudder. Oxenstiern said two or three hundred years ago: "Behold, my son, with how little wisdom the world is governed."

The solons are to be reconvened next September to act upon the question of purifying the Passaic River, and probably something will be done to rectify one of the most horrible and revolting abuses which even this long-suffering community has ever been called upon to bear. As physicians and sanitarians, we are vitally interested in this important measure, and we now call upon our legislative committee to prepare to do their part in that fight.

Of the legislation in which the medical men of the State were especially interested we can only be thankful at what was not done. We can scarcely control our indignation at the pusillanimity which did not dare bring the patent medicine bill out of committee and let us know who its friends and its enemies are.

We have no tears to shed over the similar fate of the osteopath bill. The antitoxin

bill and the bill for the examination and licensing of health inspectors seem to have been passed. Of course things might have been worse. They are certainly disgracefully bad.

We desire to express thus publicly to Dr. Luther M. Halsey the thanks of his colleagues for his unremitting, faithful service as chairman of the legislative committee. The result of the work of this committee conclusively shows, as we have all along maintained, that our lawgivers must yield to the efforts of a united profession and that it is frequently our fault when vicious and wicked legislation affecting the health and happiness of the people is enacted into law on the one hand, and when decent and honest bills like the patent medicine measure are defeated on the other.

Organize brothers! Organize! Hire the best available legal talent and, another year, trusting in the God of Battles, we will attack the forces of corruption and greed again.

### WHY DO HEALTH BOARDS NOT OBEY THE LAW.

The Department of Public Health of the City of Newark is, so far as we know, the only health board in this State which complies with that provision of the law requiring that persons reporting cases of contagious disease shall receive a fee of ten cents for each report. (Chapter CCLX, Laws of the State of New Jersey, approved March 22, 1895.) The intent of the law seems to be that unless the fee is paid the health boards cannot exact the penalty prescribed for non-report. Whether this is so or not, there is no more reason why health boards should disregard a plain legal enactment than why private individuals should do so.

The Newark board has complied with the law for the past twenty years and has paid thousands of dollars for reports of cases of contagious disease. The older law called for a fee of twenty-five instead of ten cents. Health boards seem to believe that it is absurd to pay a doctor anything for performing a civic duty and that a fee of ten cents is an insult to a busy man anyway.



The fee should not be less than a dollar for each report, and we do not hesitate to assert that if lawyers, or any other class of citizens, except doctors, were to be the beneficiaries under this law, the niggardly and inadequate stipend for the performance of a public duty would be at least ten times what it now is. However, whatever the provisions of the law may be, they should be complied with, and we suggest that our readers govern themselves accordingly.

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### FOOTBALL.

A paper by William Lee Howard in the *Record* of April 7th, entitled, "Football and Moral Health," takes very decided ground in favor of a continuation of the pastime in all its vigor. He speaks from the heart when he says: "I know of many miserable beings who, had they been allowed or *forced* (*Italics ours*) at school and college to play football, would have been men to-day able to give the world lifts in science and literature." Stanley Hall has said (*Adolescence*): "Education, perhaps, should begin with directing childish sports right"; and, "the boy without a playground will become the father without a job," and again, "An able young man, who can not fight physically, can hardly have a high and true sense of honor, and is generally a milk-sop, a lady-boy or a sneak. He lacks virility, his masculinity does not ring true, his honesty cannot be sound to the core."

All these pleas for physical sport, courage and manliness as part of the education of youth are sound and meet with our hearty approval. But they do not go to the root of the matter, which is that there can be no sound education which does not educate the body just as thoroughly and as completely as it educates the mind. The ancient Greeks, we are told, divided the time of the student equally between physical and mental education with the result that they produced the highest grade of intellect that the world has ever known. We certainly sympathize with Doctor Howard's contention that the abolition of football would be a great calamity; inasmuch as it supplies a

place in modern education and tends to overcome the demoralizing influence of luxury, dilettantism, and the more or less futile effort of the educators to eliminate all wholesome discipline and expect good mental development "along the lines of least resistance."

Admitting that Doctor Howard is right in his estimate of the value of the game of football as a means of education, it is certain that those who indulge in it most assiduously are no more, if as much, in need of its wholesome influence as other students. Some form of physical exercise or training should be insisted upon as a part of every one's education. The sooner the medical profession comes forward and insists not only upon the elimination of all the injurious agencies in the lives of children but upon the acquirement of a sound physique by every one of them, the more nearly will they fulfill their entire duty to the human race and the nearer will that race approach to its splendid destiny.

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### THE TREATMENT OF SHOCK.

The epoch making experiments of Crile have given a new impetus to this fascinating subject and a great deal has been said and written during the past few months in regard to it. Perhaps the best of such writing that has come under our eye is the "Symposium on the Treatment of Shock" in the December issue of the *Therapeutic Gazette*. In an editorial in the same paper Doctor Hobart Amory Hare protests against the abandonment of strychnine, as suggested by Crile, as a remedy in this condition. He admits that it has been used too extensively in the past but that, according to his argument, is no reason for going to the other extreme and entirely discarding it.

The condition known as shock may follow a variety of causes, as for example, hemorrhage, pain, fright, exposure to cold during the operation, rough or prolonged manipulation of the tissues, particularly the intestines, an operation upon a gouty, alcoholic or poorly prepared subject and, in a large percentage of cases at least, the

shock may be due to the anesthetic itself, even when the same has been carefully administered. It may occur with fatal consequences after normal labor or after comparatively slight operations and in many well authenticated instances surgical patients have died from the fear of an operation.

The condition known as ptomaine poisoning is often to all appearance a state of shock, as well as the exhausted condition following the perforation of a typhoid ulcer, the strangulation of a hernia or the bite of a venomous serpent. Strychnine has been the sheet anchor, as it were, in the treatment of all or nearly all of these conditions. Recognized as a nerve stimulant of high value and, when cautiously administered, of little or no danger, too much reliance has no doubt been placed upon it. We are, however, strongly disposed to adopt Professor Hare's view that it should not be, by any means, entirely discarded in the treatment of surgical shock. It is not likely that it will be lightly given up as a remedy in medical shock.

As to the remedies proposed to take its place, adrenalin and intra-venous introduction of normal salt solution, their value can not be questioned. They will probably be universally adopted in slavish adherence to the prevailing fashion, while our old friend strychnine is in danger of an undeserved neglect for a similar reason.

So long as the treatment of shock is frequently so unsatisfactory; and we should not expect to combat every case of a condition brought about by so many and such different causes with the same weapon, it behooves every operating surgeon to take far more care than is usually exercised to avoid the slightest approach to it. Cases for operation should be more carefully selected. Patients with arterio-sclerosis, anemia, leucocytosis, glycosuria, albuminuria, icterus, and so on, are known to be poor subjects for the knife; but these conditions are by no means always looked for with sufficient care, neither are the extremes of age, a weak and intermittent pulse, great

pallor, habitual constipation, etc., etc., and similar signs of constitutional weakness always given due consideration.

As to the skill of the anesthetist, the length of time the patient is kept under the anesthetic, the exposure to cold, the rough or prolonged handling of the tissues and the unnecessary loss of blood, all these elements in the production of shock are well understood by operators although in our opinion sufficient attention to them all is rarely given. A cog is frequently allowed to slip somewhere. Nevertheless, no wise surgeon intentionally neglects trifles, or rather what seem to be trifles, and as time goes on more and more care will inevitably be bestowed in the avoidance and prevention of every conceivable cause of post-operative shock, and it will be recognized as a catastrophe for which the operator or his anesthetist are too often responsible.

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### Married.

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**Reba Lloyd, M. D.**, and Charles E. Kump, both of Bridgeton, N. J., March 22.

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### Obituary.

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**Joseph Hedges, M. D.**, formerly of Branchville, Sussex county, died at his home in Newton, April 14, aged 78. He graduated at the College of Physicians and Surgeons in New York City, in 1853, and was an honorary member of the Sussex County Medical Society. A daughter survives him.

**George L. Dearborn, M. D.** died at his home in Rockaway, March 25th, from pneumonia. He graduated at Castleton, Vt., in 1845, and was a veteran of the Civil War, having served in the 15th New Jersey Volunteer Infantry. After the war he practised for twenty-five years in Oxford, and since 1889 in Rockaway. He leaves a widow, a son and a daughter.

**Matthew T. Gaffney, M. D.**, died at his home in Newark, April 16, from kidney disease. He was 36 years old and a graduate from the College of Physicians and Surgeons, New York City, in 1897. He was a visiting physician to St. Michael's Hospital and a well-known advocate of the single tax theory. He is survived by his mother, three sisters and a brother. He was unmarried.

**James W. Smith, M. D.**, died at his residence in Paterson March 29 of pleuro-pneumonia after an illness of five days in the 49th year of his age. He received his classical education at St. Charles College, Emmetsburg, Md., and was graduated with honors from the Bellevue Hospital Medical School in New York in 1882. He was the first interne in St. Joseph's Hospital in Paterson, and for three years assistant to the

chief of staff. He was then appointed surgeon on the visiting staff, a position he retained until his death. He was for many years a member of the Paterson Board of Education, holding for several terms the office of president. He had also been assistant health officer of the city and a prominent member of various clubs and fraternal societies. In 1889 he was appointed by Governor Abbett a member of the Board of Managers of the State Hospital for the Insane at Morris Plains, and at the time of his death was vice-president of this board. He was a member and an ex-president of the Passaic County Medical Society.

## State Society Notes.

### Important Notice.

*The subject of "Fees of the Medical Examiners for Life Insurance Companies" is just now engaging the attention of many of the State Medical Societies. Wherever action has been taken, it is quite uniformly in one direction, viz: the adoption of a fixed minimum fee for the service rendered. This fee is entirely independent of the amount of the insurance applied for. As the time and service given by the examiner is the same in every case the fee should also be the same. It is to be hoped that every member of the State society will give the matter careful consideration, and come to the next annual meeting ready to formulate some plan which shall govern all the physicians throughout this Commonwealth.*

### Preliminary Report of the Scientific Program for the 140th Annual Meeting of the Medical Society of New Jersey.

The Committee on Scientific Work herewith makes a preliminary report which encourages them in the belief that the next meeting of the State Society will be the best ever held.

Dr. Thomas Darlington, of New York City, and Dr. Henry D. Beyea, of Philadelphia, from outside the State, will read papers. The oration in medicine will be given by Dr. Joseph Tomlinson, of Bridgeton, and the oration in surgery by Dr. Thomas W. Harvey, of Orange.

There will be a "Symposium on Infant Feeding" by Drs. H. L. Coit, Newark; Alexander McAlister, Camden; Margaret Brewster, Grantwood; A. A. Strasser, Arlington, and J. Finley Bell, Englewood.

The "Symposium on Appendicitis" is by Drs. T. H. Mackenzie, Trenton; E. W. Hedges, Plainfield; Paul M. Mecray, Camden and F. D. Gray, Jersey City.

Twenty papers have been promised by the following: Dr. F. C. Ard, Plainfield, "The Middle Ear the Appendix of the Cranial Cavity;" Dr. G. H. Balleray, of Paterson, "The Etiology, Pathology and Treatment of Fibroid Tumors of the Uterus;" Dr. T. R. Chambers, Jersey City, "Mastoiditis, Its Diagnosis;" Dr. G. K. Dickinson, Jersey City, "The Mesentery;" Dr. W. Edgar Darnall, Atlantic City; Dr. Linn Emerson, Orange, "The Examination of the Eyes and Ears of School Children;" Dr. I. H. Hance, Lakewood, "Diarrhoea in Infancy and Earlier Life;" Dr. Philip Marvel, Atlantic City; Dr. Floy McEwen, Newark, "Prevention of Scarlatinal Nephritis;" Dr. H. G. Norton, Trenton, "Dangers of Pottery's Trade from a Life Insurance Standpoint;"

Dr. Charles J. Kipp, Newark, "Metastatic Panophthalmitis;" Dr. F. W. Pinneo, Newark; Dr. J. M. Rector, Jersey City; Dr. W. Blair Stewart, Atlantic City; Dr. W. G. Schaeffler, Lakewood; Dr. Henry Spence, Jersey City, "Hydatids of Liver;" Dr. Theodore Senseman, Atlantic City, "Metabolism in Pulmonary Tuberculosis;" Dr. H. H. Sherk, Camden, "U. S. Pharmacopoeia vs. Proprietary Preparations;" Dr. M. J. Symmott, Montclair, "Neurasthenia and Hysteria in Women."

*It is important that the county secretaries give special attention to the preparation of the lists of "non-affiliating physicians." The easiest way to obtain an authoritative list is by making a copy of the names and addresses of the physicians registered in the county clerk's office since 1880. The names of those who have died or removed from the county should be erased. This is the only way by which a list of legal physicians can be obtained. It is a work of some magnitude in the larger counties, but once done it will remain as a basis for future reports and can be easily added to or otherwise corrected.*

### THE NEW JERSEY ANTI-TUBERCULOSIS ASSOCIATION.

The plans of the recently organized New Jersey Association for the Prevention and Relief of Tuberculosis were discussed at a meeting of the board of directors at the Free Public Library March 26. An executive committee was organized and a temporary president named.

It is planned to form committees throughout the State to secure a large membership list, which shall contribute to the support of the work, and to engage an executive secretary, under salary, who shall assist in the organization of the local committees, prepare literature on tuberculosis, and generally arouse and keep awake interest in the matter.

Dr. Theodore W. Corwin, of Newark; Mrs. Caroline B. Alexander, of Hoboken; Mrs. C. Ledyard Blair, of Bernardsville; Professor Elmer H. Loomis, of Princeton, and Hugh F. Fox, of Plainfield, were made members of the executive committee, to work with Bleecker Van Wagenen, the temporary president, and Robert L. Stevens, of Hoboken, secretary and treasurer. To this committee was given the power to engage the executive secretary and arrange for incorporation, should it be deemed advisable.

There was some discussion as to the policy to be adopted: whether to encourage the establishment of local sanatoria in each community, or to put all curable cases in one large institution. H. S. Kearny, of Lakewood, finally suggested that the matter be left over until more funds had been secured.

The executive committee was instructed to communicate immediately with the people in Newark who are ready to start the local committee, and also with people in Jersey City. Mrs. Alexander reported that the prospect for a municipal camp for tuberculosis patients at Jersey City was bright and that definite action by the Newark Board of Health was expected in a week or two. The question of location then came up for discussion, and when Snake Hill was suggested, Dr. Dickinson declared that the place would not be satisfactory unless the mosquitoes were eliminated.

It was suggested that the board of directors



be enlarged to fifty members, instead of thirty, as it is at present, and this will be done at the next meeting.

There were present, besides those mentioned, Arthur W. McDougall, Rabbi Solomon Foster, Dr. Dickinson, Mr. Kearny and Dr. J. C. Parsons, of Jersey City. Dr. I. H. Hance, of Lakewood, presided.—*Newark Evening News*.

#### A SYNOPSIS OF THE ADDRESSES OF DRS. HALSEY, EVANS AND GRAY.

*At the hearing before the Committee on Public Health of the State Legislature, in Opposition to the Proposed Law to License Osteopathic Practitioners in this State.*

March 20th, 1906.

#### REMARKS BY DR. BRITTON D. EVANS.

*Medical Director of the State Hospital at Morris Plains.*

It has been asserted by osteopaths that the arguments made by the physicians who appeared before the Committee on Public Health on March 12th, last, in opposition to the osteopathic bill, were not in the true sense arguments in that they consisted largely of ridicule. Further claims have been made that the authorities quoted were not reliable authorities. We now present our case and base our statements largely upon the Thirteenth Annual Catalogue of the American School of Osteopathy and upon the bill which the osteopaths themselves have had introduced and which they are making most earnest efforts to have passed by this Legislature.

Dr. A. T. Still claims to be the originator of osteopathy and says in his catalogue that the school at Kirksville, Missouri, is the oldest school of the kind and was established in 1892 and the first degree was conferred in 1893, one year after the school was established. Here is the authority for the statement that in this day, in which all the states of the Union pride themselves that they have safeguarded the interests of the public by requiring a high standard of preparation for the physicians and surgeons who practice the healing art, their Legislatures are requested to let in people who have gone through a school of one idea and graduated in one year.

Upon the authority of Dr. Still in his official catalogue, the osteopaths claim themselves competent to treat all forms of human disease. They treat and manage women in childbirth. They profess to be qualified to treat all forms of tumors, and among other ailments, pus tubes and appendicitis. I have information from competent physicians, who say that they have been called in to succeed osteopathic treatment where the manipulations of the osteopaths, in their opinion, had resulted in the rupture of the pus sac in cases of appendicitis. The seriousness of such unintelligent treatment can hardly be considered short of criminal.

Osteopathy, according to the authority of these people, means the science of healing diseases of the human body by physical methods for the stimulation of vital forces within the body itself. They claim to possess, through this one idea of manipulation of the bones and muscles, the power of treating all manner of diseases, and they ask all the rights, privileges, prerogatives and emolu-

ments which are granted by law to the physician and surgeon who has qualified himself in all the branches of science necessary to properly equip him for his work. In other words, these people with one idea, from this so-called new school which can find a bone out of place for locomotor ataxia, for tuberculosis, for appendicitis, for diphtheria and every other disease, come before our State Legislature and ask that this one idea, which will not bear analysis, shall command in the sight of the law the same respect as the honored title of Physician and Surgeon.

If the osteopaths desire to treat all manner and form of disease why do they not subject themselves to the examination of the regular Board of Medical Examiners? Shall they be excused from meeting the qualifications of such a board simply because they do not administer internally the various drugs? If this be so, why would it not be proper for persons simply skilled in the use of electricity in the treatment of diseases to be given all the rights and privileges which are accorded physicians and surgeons? Why should not those exclusively trained in the use of water in the treatment of diseased conditions—the hydrotherapists—be licensed under the law as physicians and surgeons? Why not the faith curists and the Christian scientists, and if all of these shall be given legal recognition, why have any standard at all? Where is there any legislative demand for special or class legislation such as the osteopaths ask? At the simple request of these people, why shall a hole be made in the legislative fence to let through people who desire to do the work of physicians and surgeons but decline to come up to the standard required by our laws for such professional work? Why shall the Legislature be asked to enact laws to lower the standard for the physicians and surgeons and why shall the physicians and surgeons be discriminated against in behalf of people who believe every disease can be cured by the manipulation of a bone or muscle? It is a difficult matter to discuss this subject and not deal in ridicule, for an examination of osteopathic literature and osteopathic statements reveals so much that is ridiculous that if the subject is to be discussed at all one is forced into the discussion of ridiculous propositions.

The physicians of New Jersey do not oppose osteopathy because of any competition it brings to them. They oppose it on the ground that it is school of one idea claiming to do everything in the healing art that can be done by the best equipped physicians. A careful examination into the subject shows that it does not do this and special legislation in behalf of osteopathy is a reflection upon the standard for physicians established in this State and maintained under its laws. They further claim, and justly I believe, that to give special legislation in behalf of osteopathy would work a menace to the interests of public health. An osteopath, when he becomes the so-called attending healer of a family, may be called upon in a case of poisoning. He claims he does not give medicines. How shall the poisoned person receive the antidote? If the patient has taken a large quantity of arsenic, can he manipulate a bone and counteract the influence of it? If his patient has taken an over-dose of morphine or strychnine, is there a special bone or set of bones to be manipulated which will immediately eliminate the poison swallowed or counteract its effects?

If you can carry the discussion of this subject

further without getting into the realm of absolute ridicule, then you must strictly avoid nine-tenths of what are styled osteopathic claims and osteopathic principles.

**Synopsis of Speech by Dr. F. D. Gray, of Jersey City, following the Address in favor of the Osteopathic Bill, by Ex-Governor Griggs.**

*Mr. Chairman and Gentlemen of the Committee:*

I greatly deplore my inability to measure up, in any degree, to the eloquence of the eminent speaker who has just advocated the merits of this measure. I trust, however, that I may present some logical facts as an offset to his oratory.

He has kindly given a concise definition of "Osteopathy," viz: "A system or school for the treatment of bodily ills." Note the broad scope of their aims. At the hearing last week the proponents of this act repeatedly stated that their sole purpose in asking for the same was to seek protection for themselves and the public against irregular practitioners of osteopathy, and vigorously disclaimed any desire to practice medicine.

I wish, briefly, to prove out of their own mouths, viz—by the wording of this bill—their insincerity. The well-worn expressions, "An Ethiopian in the woodpile," and "A joker in the bill" apply here. It is my purpose to show you the colored gentleman and the joker. Allow me to call your attention to a portion of Sec. 5 of the Act, which reads: "Osteopathic physicians shall be subject to the same rules and regulations, both municipal and State, that govern other physicians in the control of infectious and contagious diseases, birth and death certificates, and shall be entitled to all the privileges of other physicians in matters pertaining to public health."

I submit to your consideration the fact that without the aforesaid lines the act provides them and the public all the protection against irregulars of their own cult that they can possibly demand. Why then do they insert this section? Because it, in a roundabout fashion—calculated to deceive all who do not carefully analyze its meaning—legalizes their treatment of all manner of diseases, which your own common sense tells you—in spite of all intricate legal decisions—constitutes the practice of medicine—in other words, gives them just what they loudly disclaim, but really want. It is the *joker* in this bill—the dangerous element in it.

Why, may I ask, do they want to "be subject to the same rules and regulations that govern other physicians in the control of infectious and contagious diseases" if they do not intend to treat these diseases? Think of all that this means! The wide range of grave ills so dangerous both to the individual and the public! Contemplate your standing by and viewing your dear ones suffering with diphtheria, pneumonia, scarlet fever, tetanus, etc., in charge of a physician armed with the one weapon—manipulation!

Why do they want the legal right to sign death certificates if they do not propose, under this act, to assume the treatment of serious diseases, likely to terminate fatally? Do not be deceived gentlemen. The proponents of this measure do not desire merely to practice their specialty in the treatment of such minor complaints as local disturbances of nerves, muscles, joints or bones or local disturbances of circulation—to which class we admit manipulation is applicable and helpful. On the contrary, they seek to secure legal protection

to assume responsibility for the cure of sick people, from the time of their advent into the world, to their departure from it, without regard to the character or severity of the disease. This much is clear from the presence in their bill of the few adroitly worded phrases to which I have called your attention.

We submit that your duty to the State as protectors of the public health requires you to deny their request unless they are willing to come up to the standard of qualifications shown by all physicians and surgeons in this commonwealth as measured by the present act governing the practice of medicine. Otherwise you are neglecting your plain duty and exposing the public to serious menace to their health and lives.

**REMARKS BY LUTHER M. HALSEY, M. D.**

*Chairman of the Committee on Legislation of the Medical Society of New Jersey.*

An unbiased observer, in listening to the arguments here would say that one of the vital points in reference to this bill is: "Is osteopathy the practice of medicine?"

We have shown you from the decision of the Supreme Courts in several States that it is, and the decision of the New York Court of Records clearly defines what constitutes the practice of medicine. It seems to me that any man with impartial judgment in thinking over the matter carefully must come to the same conclusion for the reason that any remedial measures which are used for alleviating human suffering must constitute the practice of medicine.

Dr. Marvel has shown you conclusively the fallacies of the practice of osteopathy. How at times its followers prescribe drugs for certain diseased conditions and how utterly impossible it would be to control certain forms of hemorrhage by the remedial measures prescribed by the oracle of osteopathy.

Dr. Evans, in his excellent address before you, has shown the absurdity of their doctrines and how utterly false many of their promises to eradicate disease are. How they claim to cure diseases which the medical profession know, and the public knows, are impossible to cure. Other physicians who have addressed you have shown that it is not osteopathy that we are fighting, but simply for the up-holding of the standard of the medical laws in this State to-day, and that any man who wants to practice the healing art in the State of New Jersey must show conclusively before the Board of Medical Examiners that he is thoroughly conversant with medicine as taught in the recognized schools of the country.

As Chairman of the Committee on Legislation of the Medical Society of New Jersey, I thank you for your kind and courteous treatment of us as a body of medical men. You all must realize the seriousness of this measure and what it means to the community at large. As medical men we realize this largely from the conscientious conviction that we are acting for the highest interest of the sick and suffering. We feel that the practice of medicine is a sacred trust, and that only thoroughly competent men should have the guardianship of human lives, especially when in need of medical and surgical care and treatment. We who stand, as it were, between life and death, believe that you cannot throw too many safeguards around the practice of medicine, as you have made the *law*. We call upon you to stand by it on the high plane which it now occupies



Do not let us retrograde. The questions of human life and the keeping of our loved ones in good health are of such vital importance to us all that we cannot retrace. Let us guard the present medical law with jealous care, a holy heritage no more to be tampered with than Holy Writ. In these days of advancement of all the sciences, none has made more rapid strides than medicine. In order to maintain this advance we must never intermit our vigilance. We must do our best to make every man who takes up its study do so with an exalted ideal to labor conscientiously for the relief of the sufferings of the human race. This will force him to make thorough and careful preparation before he commences the practice of our art.

There is no more reason why you should pass this bill than you should enact a law to establish a board to examine patent medicine venders, persons who have one remedy to cure all diseases with which the human race may be afflicted. Would it be just to have a special examining board for all kinds of lawyers? Would it be right to have a separate board for the oculist, aurist, and others of our profession? We have a standard; make all attain to it and then practice any specialty they may desire.

I feel that we can safely leave this important question with you, knowing you would not lend yourselves to any movement to tarnish the fair name of our State or to detract from the honored name of the Medical Society of New Jersey which its members have guarded with loving care for more than a century.

#### The Hearing on the Patent Medicine Bill.

Such a hearing was granted the opponents of the bill before the Senate committee on public health on the third of last month. In the absence of Dr. Halsey, chairman of the legislative committee, Dr. H. A. Davis of Camden took charge of the State Society's interests. He at first introduced Mr. Bok, the editor of the *Ladies' Home Journal*, to the committee of the legislature. Mr. Bok spoke at some length and very effectively against the objection made by the proprietors of the patented or secret medicines that the publication of the formulae of the contents of a remedy upon the bottle or package would be the publication of a trade secret and would injure a business which it had taken years of time and a great deal of money to build up. Mr. Bok showed that a number of the more reputable of the manufacturers of such articles had of their own accord begun printing on each bottle or package of their medicine a table of its ingredients, with the result that they had sold more of the remedy than ever before. In cases where other concerns had imitated their formulae and had tried to take their market away from them, the original manufacturers had apparently profited by the advertising which the imitators had given them and had sold many times more goods than their competitors and more than ever before.

The Rev. Mr. Handley of Long Branch plead with the committee to report the bill favorably and thereby unmask a fraud and at least let the public know that if these remedies have any potency they are too dangerous to be entrusted in the hands of the laity and are the direct cause of the formation of many drug habits and many wrecked lives.

Dr. Newton followed on similar lines, urging the committee to take a stand for honesty and fair dealing and insisting that the medical pro-

fession has little or nothing to gain pecuniarily by the enactment of legislation against nostrums; because the nostrum takers do not, as a rule, consult the profession until after they have ruined their health by poisonous drugs, after which they generally do fall into the doctor's hands. So that probably the doctor gains more than he loses by the sale of these hurtful substances.

Dr. Evans concluded the case for the society by a masterly exposition of the number of insane and mental and physical wrecks who constantly come under his notice whose downfall has begun with the formation of the "patent medicine habit."

**Warning About an Agent.**—In *The Journal* last week subscribers and members were cautioned against paying any money to Stein Josephs for the American Medical Association. When we last received information, his field of operations was in New Jersey. The association is anxious to learn his whereabouts and will be glad to assist in his prosecution.

#### Building of State's Tuberculosis Institution at Mt. Kipp Will Be Rushed.

A number of men have arrived at Mt. Kipp to work on the State tuberculosis sanitarium, which is in course of construction. The work will be pushed as rapidly as possible. The foundations are up and steel girders are being placed in position. The work has been greatly retarded by stormy weather and bad roads. The roads, which, for the most part, are muck and clay, have been in a terrible condition this spring.

This, it is hoped, will soon be remedied, as the commissioners have asked for an appropriation of \$25,000 to macadamize the road leading from the railroad station to the sanitarium site, a distance of a mile and a half. An appropriation of \$60,000 has also been asked for to maintain the institution after it is completed.—*Evening News*.

#### New Members of the American Medical Association from New Jersey:

Allers, Henry, Harrison.  
Bleick, W. D., Newark.  
Conover, E. E., Hasbrouck Heights.  
Farr, J. C., Jr., Hoboken.  
Gamson, E., Bayonne.  
Hanan, J. T., Montclair.  
Mitchell, Winthrop, East Orange.  
Sickenberger, E. F., Carlstadt.  
Tuers, G. E., Paterson.  
Van Riper, A. W., Passaic.  
Waite, G. N., Newark.  
Ward, Gertrude, Bloomfield.

#### News from the Counties.

##### ESSEX COUNTY.

The annual meeting was held in Newark April 3d. About 200 members were present. The address of Dr. Disbrow, the president, was on "Possible Dangers of Water Gas." The following physicians were elected to membership: Joseph Atwood Cunningham, John K. Adams, Jeremiah A. Allis, Arthur A. Loeb, Joseph C. Winans, Alfred C. Benedict, Richard Coe, Samuel A. Muta, John Lee Young, Leonard H. Smith, George Rae Lewis, Samuel W. Dodd, Francis John Kerns, Theodore E. Bleick, Hugh Joseph Devlin, Isaac E. Gluckman, David M. Bloom, Harry A. Schep-



pach, Walter S. Alexander, Joseph L. Dias, Charles Z. Garside, Edward M. Merrins, Frank D. Lane, Thomas P. Boyle, John B. Morrison, Josiah Wellington Crane, Benjamin S. Van Dyke, Edward W. Sprague, Thomas B. McCabe, Anna M. Cross.

The following committee on public health was appointed to report at the next meeting: Drs. Corwin, Harvey, English, Philhower, Bond, Bingham, Runyon and Synnott. The following resolutions were adopted:

*Resolved*, That no member of this society shall accept or maintain the position of club, society or organization physician, or do or agree to do, any medical work for any club, society or organization at a less rate than the regular customary charges for like service rendered by other physicians to patients not members of such club, society or organization; also

*Resolved*, That in no case shall any physician agree to attend the families of the members of such club, society or organization at half price or at a less price than the usual rate.

Nothing in these resolutions shall be construed as preventing any member from attending the worthy poor at less than the usual rates, nor from giving free advice to those who are too poor to pay anything, nor from acting as city, county or town physician or health officer, nor from serving under any political appointment.

Any violation of this resolution shall be considered unprofessional conduct and shall render the member guilty thereof liable to suspension or expulsion from this society, as the society may determine.

Resolutions were also passed endorsing certain bills then pending before the Legislature, the bill appropriating funds for the extermination of the salt marsh mosquitoes, the pure food bill and the bill to regulate the sale of proprietary medicine.

The following officers were elected for the ensuing year: President, Archibald Mercer; vice-president, Herman C. Bleyle; treasurer, Charles D. Bennett; secretary, Ralph H. Hunt; reporter, Frank W. Pinneo; members of the council for three years, Daniel M. Skinner and Edward J. Ill.

RALPH H. HUNT,

*Secretary.*

**The Board of Health of Newark** has appointed on the staff of the City Hospital Dr. Charles H. Randall, attending surgeon, and Dr. E. W. Murray, attending physician. The vacancies thus filled were caused by the death of Dr. P. V. P. Hewlett and the resignation of Dr. George R. Kent who was appointed a member of the Board of Health by Mayor Dorcenus.

**The Practitioners Club of Newark**, at its meeting, April 2, voted to give the Medical Library Association of Newark \$200. This will be used to buy books and otherwise equip the medical alcove in the Newark Free Public Library. The Medical Library Association will be incorporated in order to be in position to receive such gifts.—*Evening News.*

#### HUDSON COUNTY.

At the regular April meeting of the Hudson County Medical Society a timely paper was read by Dr. Corwin on "Proprietaries, Physicians and Proprieties," in which he maintained that it is our duty to familiarize ourselves with the Pharmacopoeia and trust more to our local druggists

rather than to be the slaves of the proprietary medicine manufacturer.

A very good sign of the fellowship existing in the profession in this State was the presence of our worthy editor, Dr. Newton, who took part in the discussion urging the members to follow the advice of the paper and to support their *State Journal*.

J. H. ROSENKRANS, M. D.,

*Reporter.*

#### OCEAN COUNTY.

The Ocean County Medical Society held its semi-annual meeting at the Ocean House, Toms River, on Thursday, April 19th. There were present the president, Dr. Irwin H. Hance, of Lakewood; vice-president, Dr. R. R. Jones, Toms River; secretary, A. M. Heron, Lakewood; treasurer, H. Pettis, Lakehurst; reporter, W. G. Schaufler, Lakewood, and Drs. R. L. Disbrow and E. C. Disbrow. Considerable routine business was transacted, followed by a discussion of cases. At the October meeting the time of the election of officers was changed from April to October, so that all the old officers were then re-elected to hold over until October, 1906. The treasurer reported a good surplus on hand, and the secretary's books showed 14 active members.

W. G. SCHAUFFLER, M. D.,

*Reporter.*

#### SOMERSET COUNTY.

The annual meeting of the Somerset County Medical Society was held at Somerville on April 12th. The officers elected for the coming year were: President, J. H. Buchanan; vice-president, J. B. Beekman; secretary, W. H. Long, Jr.; treasurer, T. H. Flynn; reporter, C. R. P. Fisher; censor, 3 years, A. L. Stillwell; delegate to the State Medical Society, F. J. Zandt.

Dr. D. Braden Kyle, of Philadelphia, read a most excellent paper on "Some Conditions of the Tonsils with their Symptoms and Treatment," and the discussion was opened by Dr. F. C. Ard, of Plainfield.

The annual dinner followed the scientific programme, and made a fitting close for an interesting and instructive meeting.

C. R. P. FISHER,

*Reporter.*

#### Changes in the Visiting Staff of the Mountain-side Hospital, Montclair, N. J.

Dr. James Spencer Brown has been appointed surgeon in chief.

Dr. Richard Cole Newton has resigned from the visiting staff and has been appointed a consulting physician to the institution.

Dr. Richard P. Francis has resigned as a visiting surgeon and has been appointed visiting obstetrician. Dr. Levi W. Halsey has been appointed a member of the visiting staff and anaesthetist to the hospital. Dr. James T. Hanan has been appointed an assistant surgeon, and Dr. Robert Ringland non-resident house officer.

**Oppose Osteopathic Bill.**—The West Jersey Homeopathic Medical Society, at its regular quarterly meeting held in Camden, February 21st, discussed the proposed osteopathic bill which is to come up before the present session of the Legislature. The society had already previously condemned the passage of the bill. It was the consensus of opinion of the society that if osteopaths

practice in the State they should comply with the requirements now in force, viz, a certain standard of preliminary education, a four years' course in a medical college, and examination in the fundamental sciences of medicine. The members all pledged their influence to uphold the present standard of requirements, which though high, treats all applicants alike regardless of "ism" or "pathy."

**The Secretary—Editor.**—It has been suggested that the physician who acts as secretary-editor for the profession in each State should be relieved of the necessity for practice to support himself by the granting of a salary of, say, \$3,000 annually. This could be hardly brought about in Kansas, unless several interests were to choose the same man for their executive officer, for we have only about 2,000 reputable practitioners in the State, of whom only one-half are in our society. Hence, to bring about conditions where-in the profession might have the service of a real executive, would involve the combining of the boards of health and registration with the Kansas Medical Society—a consummation hardly within the realm of probability. Therefore in the meantime each Kansas physician needs to justify his State's motto and, by patiently keeping at it, to bring his part of the profession to the highest standard of efficiency and public duty.

—*Journ. of the Kansas Med. Soc.*

**Dr. J. H. Kellogg** tries to prove in a recent article in *Good Health* that the eating of common salt is one of the causes of Bright's disease.

**Nearly 200,000 People** a month attended the free lectures of the New York City public schools during the winter of '05 and '06.

**A Scholarship** in the Philadelphia College of Pharmacy has been established by the will of the late Edward T. Dobbins, to be awarded to a New Jersey apprentice passing the highest preliminary examination.

**In Compliance** with a recommendation of the Board of Health, hereafter the internes in the City Hospital must be graduates in medicine. The examinations for the position of house officer will be held on June 5 of each year instead of April 6, as heretofore. There will be three internes and six alternates.

**New Hospital at Atlantic City.**—The Board of Governors of the Atlantic City Hospital has announced that the erection of a new building will soon be begun on Ohio avenue, near Pacific avenue, at a cost of \$100,000.

**The Summit (N. J.) Medical Society.**—At a meeting of this society, held on Friday, March 30th, a paper on the Diagnosis of Abscess of the

Liver was read by Dr. Edward J. Ill, of Newark. This society was organized one year ago, and its membership, limited to twenty, embraces the physicians of the neighboring towns of Summit: Short Hills, Millburn, Springfield and Chatham. Meetings are held on the last Friday of each month, except July and August.

**Dr. E. L. B. Godfrey** expects to return to Camden May 1 and resume his duties as secretary of the State Board of Medical Examiners.

### LONG LIFE AS A RESULT OF BRAIN WORK

"In the English rural districts probably one-third of the agricultural laborers who survive the age of thirty or thirty-five die of paresis. 'The utter stagnation of agricultural communities in England, and to some extent in other countries,' states the *New York Times*, 'may account in a measure for the development of paresis in those past middle life and for insanity among women.' It is fortunate that in American rural districts, at least, the deadly insanity to which many of the farmer folks in other generations have succumbed, seems now to have become obviated by the welcome establishment in every nook and corner of the land of the library, the ten-cent magazine, the telephone, and the trolley car. The brain needs blood to keep it in health; and thinking induces the free circulation of blood through the brain tissues. A normal brain should never be permitted to rest except during sleep. Dr. Duke advises that every one should have a hobby, to which he should devote what would otherwise be his leisure. And this not in a casual and dilettante way, but earnestly and with much interest. Professional men should study whist or chess problems, or should cultivate purely intellectual pursuits. Besides, one who consumes surplus tissue in intense mental application has none to waste in the formation of bad habits or the gratification of vices.

In one respect at least the man of intellectual capacity and pursuits is much better off than his brother who works with his hands. In the world of manual labor the pitiful dictum seems well established that at forty the laborer is 'a dead one'; he must not hope for employment or a wage after that period. The intellectual man, however (despite the expression of a famous colleague), maintains the vigor of his mind unabated almost until he is ready to step into his grave; and if by this means he gains his livelihood, then need he not fear the lack of employment or emoluments even though his years be far advanced."—*The Medical Times*.

Most cases of sudden, unexpected hemorrhage from the urethra are due to malignant disease, but it is well to remember that there are cases of genitourinary tuberculosis in which such a hemorrhage is the first symptom.—*Amer. Jour. of Surgery*.

The JOURNAL will be glad to print original papers from any source, preferably from members of the State Society, provided that they shall be of sufficient merit and shall be contributed to this paper exclusively.

Anonymous communications will not be published, but the name of the author of a communication will be kept secret if the editor is requested to do so.

The Medical Society of New Jersey does not hold itself responsible for the sentiments expressed by the authors of papers.

It will be satisfactory to all concerned if authors will have their contributions typewritten before submitting them for publication. The expense is small to the author—the satisfaction is great to the editor and printer. We cannot promise to return unused manuscript.

Authors may obtain reprints of their papers at cost, provided a request for them be written on the manuscript.

# Journal of The Medical Society of New Jersey

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## UNUSUAL HEART MURMURS.\*

By Charles D. Bennett, M. D.,  
Newark, N. J.

I have been led to present this subject to you to-night because of the serious way in which it has been impressed upon me, and because of the observation of doubts, difficulties and disagreements which have arisen among other physicians in auscultating hearts. We have probably, all of us, been present at examinations in hospitals and elsewhere when physicians of equal ability in auscultation have disagreed as to the presence or absence of a cardiac murmur; and again, the presence of a murmur having been conceded, we have heard disputes as to the precise location of the valvular lesion and as to whether the murmur was organic or functional, and whether its presence was of serious import or not.

The question becomes of special importance in insurance examinations. I find in looking over my records that I have in some cases failed to find a murmur reported by other examiners and again have located a murmur that others failed to hear and in a few cases have been unable to hear at a subsequent examination a murmur that I was positive about at the first interview. These cases were wont to seriously perplex me and for a long while I was inclined to blame myself for having made mistakes, but a longer experience and a fuller interchange of opinions with others have convinced me that the differences of opinion were not necessarily mistakes on either side.

\* Read before the Newark Medical and Surgical Society.

and that murmurs, either organic, inorganic, functional, haemic or entirely extracardiac, might be and were present or absent at various times and under varying conditions.

While the acceptance of this proposition may seem comforting to an examiner, yet it should be noticed that, directly dependent upon this theory, the highest skill in physical diagnosis and the clearest judgment in prognosis are demanded. It is not sufficient merely to know that a murmur exists, its location, its cause and its effect upon the person must be clearly estimated and pronounced upon. The bare existence of a heart murmur is not sufficient evidence upon which to base the diagnosis of heart disease.

Cheney (*Journal American Medical Association*, Aug. 26, 1905), in discussing diagnoses of heart disease, says: "With increasing experience the murmur becomes less and less important as an indication of organic disease. No cases have been set down in the records as heart disease unless besides the murmur there was definite evidence present of alteration in the area of cardiac dulness, with symptoms and signs of broken compensation, either at the time of the first examination or previous or subsequent to it," and Beverly Robinson, in the *American Journal of the Medical Sciences*, (June, 1905), writes: "A temporary increase of impulse and outward displacement of the apex cannot be regarded as a sufficient indication of hypertrophy or dilatation."

Evidently, if the presence of a murmur, even if supported by a slight apex displacement and increased force of pulsation is not sufficient for the diagnosis of organic heart disease, the matter is not a simple one and



we can well afford to hear what others have had to say on the subject. Of course, if a suspected heart can be kept under observation or treatment, the doubtful points may usually be cleared up, but the insurance examiner generally sees the case but once or twice and an immediate answer must be given, and doubtful opinions and ambiguous answers are welcomed neither by the agent nor the medical director.

It is not my purpose to discuss in this paper the ordinary cases of heart disease where murmurs are accompanied by dyspnoea, dropsy, marked hypertrophy and other symptoms indicating serious constitutional disorder; but only those cases which, presenting a murmur, show, in addition, no symptoms of disease or only disturbances very slight in degree, and especially those murmurs variously described as cardio-respiratory, accidental, inorganic, functional, haemic and by many other ingenious terms.

This subject is not a new one. Cardio-pulmonary murmurs were discussed as far back as 1860, when Sir B. W. Richardson published an article in the *Medical Times and Gazette* concerning them, and Rosenstein in Ziemssenn's *Cyclopaedia*, in 1876, treated of them with much detail, and even earlier, in 1854, Wintrich described a murmur which he considered due to the aspiration of an adjacent pulmonary cavity by systolic contraction of the heart. In 1863 Škoda described a murmur due to compression of the lung by the heart in its movements and the consequent expulsion of the air with a hissing sound. And since this time many papers and theories and the usual multiplication of terms with their divisions and subdivisions have appeared, leaving the subject in almost hopeless confusion, and the student in still greater perplexity.

Let us first consider the murmurs which are not murmurs or are, at least, produced artificially by unskilful or careless auscultation. Symonds (*Manual of Life Insurance Examinations*), writes: "It is surprising how loud a systolic murmur can be produced by the vigorous action of the heart against a thin chest wall when it is covered by a thick flannel shirt." This false murmur I have frequently noted and have often been puzzled by it, but it will generally disappear when the shirt is removed and the ear laid directly upon the skin or the stethoscope used with light pressure. It has seemed to me to have a brushing character and being heard at the apex and in systole, I have thought it might be due to the apex

actually striking or rubbing against the anterior chest wall during its contraction. The murmur is usually not so prolonged as the mitral regurgitant and of quite a different character, although often quite persistent. Symonds also calls attention to the murmurs which may be produced at the base by strong pressure with the stethoscope in people who have flexible chest walls. Rosenstein in Ziemssenn's *Cyclopaedia* describes the artificial murmurs which may be produced by unskilful auscultation or by purposely pressing the stethoscope on the arteries, causing a vibration of these vessels.

Many writers have noted the alteration in the force and quality of a murmur under varying pressure. Greene in "Examinations for Life Insurance," writes that all vibratory murmurs, of which mitral stenosis is chief, may be completely removed or much diminished if too much stethoscopic pressure be offered. On the other hand, moderate pressure usually intensifies the blowing systolic murmur. Sewall (*New York Medical Journal*, Dec. 4, 1897), states that systolic haemic murmurs at the base often disappear under firm stethoscopic pressure over the base of the heart. Symonds remarks, in connection with functional murmurs, that pressure on the outside frequently modifies their intensity or quality.

Of the sounds which simulate murmurs and are due to conditions existing outside of the heart, more may be said later; here it is sufficient to call attention to such sounds as Greene describes as "pleuro-pericardial friction," evidenced by a friction murmur of cardiac rhythm heard best in full inspiration and also to the crackling murmur or rales heard over the right ventricle at a point between the apex and sternum. Greene thinks these murmurs sometimes are directly connected with emphysema and, if persistent, he considers them very important.

Rosenstein in Ziemssenn's *Cyclopaedia*, writes: "Exocardial murmurs may occur synchronously with the movements of the heart without there being any affection of the pericardium." Solis-Cohen in *Johns Hopkins Bulletin* for May, 1903, described a peculiar sound occurring with the cardiac rhythm which he called "xipho-sternal crunching sound." It was heard over the lower end of the sternum and a little to the left, was superficial in character and resembled the sound of a boot treading on soft snow. It was heard during the whole of systole but not in diastole and was not in-

fluenced by exercise, respiration or pressure. He suggests that it was a friction sound associated with what he calls "white patches" on the pericardium.

None of these unusual sounds should, however, give the cautious examiner any serious trouble. It should always be possible to eliminate them by careful work, but in this connection Greene's suggestion is worth remembering. He says: "No correct conclusion can be drawn from the examination of an over rapid or tumultuously beating heart. Existing organic murmurs are obscured and more frequently organic murmurs are reported where nothing more than a temporary dynamic or accidental murmur or harsh-beat sound exists." In the cases, however, where a murmur is undoubtedly present, then the location of its seat, its cause and its prognostic importance become at once more serious and more difficult. All of the ordinary and accepted organic murmurs may be imitated by a functional murmur and so closely that it is sometimes impossible to be positive which is which. Drummond puts this very clearly in the *Lancet* of April 10, 1897, where he publishes a series of cases illustrating functional heart murmurs and their mimicry of organic disease. He makes three classes: cardio-haemic or anaemic, cardio-muscular or neuro-typic, and the cardio-respiratory. He finds that these especially occur, first in highly neurotic people; second, they are frequently associated with violently acting ventricles independent of lung conditions; third, they may be intimately connected with respiration and structural alterations in the lungs; fourth, they are not limited to any cardiac area; fifth, they may be systolic, post-systolic or early diastolic; sixth, they may be diagnosed by an appeal to certain tests, chiefly rest, position and respiratory movements.

Sahli (corresp. *Blatt. f. Schweiz Aertze*, 1895, 25, p. 33), discusses accidental murmurs, especially those which occur in systole and without other clinical signs in persons in apparently perfect health or in others with diseased conditions where a subsequent autopsy positively excluded any valvular disease. He distinguishes these from so-called functional murmurs which he says are due to a relative insufficiency of the valves, caused either by anaemia or by any other affection which damages the heart muscle and leads to dilatation of the ventricle and disturbance of the valvular mechanism. Explanation of these purely accidental murmurs is still more or less hypo-

thetical, but it seems that they occur whenever the conditions are favorable to an abnormally rapid blood flow and the physical nature of the blood in anaemia would seem to have a share in their production.

Accidental murmurs are usually systolic, but Sahli believes that such diastolic murmurs exist and gives two cases of loud systolic murmur in the left third interspace and a distinct diastolic (not praesystolic) murmur at the apex. Autopsy showed that the valves were perfectly normal but the patient was markedly anaemic.

Von der Risi (*Central blatt f. klin. Med.*, No. 3, 1891) has observed in the cases of chlorotic and anaemic girls a distinct praesystolic murmur. Such murmurs may be heard at the apex or sometimes only in the third or fourth interspace near the sternum. Von der Risi believes that the praesystolic murmur can only be of mechanical origin, arising from an inorganic functional defect of the auriculo-ventricular orifice, that is, of functional stenosis. He thinks that systolic anaemic murmurs are the result of malnutrition of the heart muscle and that consequently there occurs an irregularity in the closure of the valves due to abnormal contraction of the heart muscle.

Leyden believes that a praesystolic murmur may be very rarely of functional origin. Pye-Smith (*Polyclinic*, Dec., 1902) remarks that diastolic or praesystolic murmurs are always organic, thus adding to the confusion. Macguire (*Medical Chron.*, Manchester, June, 1890) has collected fifteen cases of praesystolic apex murmur without mitral lesion which were verified by post-mortem examination. In most of these cases the valvular disease was aortic insufficiency.

Here then we have ample proof that a murmur heard only at the apex may be caused by disease of a valve at the base. This does not simplify diagnosis but in this connection it will be well to hear what Jackson (*New York Medical Journal*, April 28, 1894) has to say on the variability of murmurs in general. He writes: "A cardiac murmur may be evanescent. A murmur once developed may not be present continuously even though the morbid condition which gave rise to it continues. A murmur may and frequently does appear and disappear and return again within a few hours. Such murmurs are commonly due to functional derangements of the heart but may also be observed in connection with well-marked valvular lesions; and this may be true of either feeble or loud murmurs."

"Some murmurs are heard only by the un-



aided ear and are inaudible to the stethoscope and of others the reverse is also true. This variability occurs in all forms of valvular disease but is most common with the murmur of aortic regurgitation. Murmurs do not always confine themselves to their regular areas. So the murmur of aortic disease, instead of being heard at the right of the sternum at the second intercostal space may be heard only over the ensiform cartilage or sometimes only at the apex. Murmurs at the left of the sternum at the second space may indicate disease of the pulmonary valves or artery or, more likely, of the aortic valves or, it may be, pressure upon the pulmonary artery."

Musser also (*British Medical Journal*, Oct. 6, 1897) writes of the disappearance of organic murmurs and of the difficulty of explaining such phenomena. He states that mitral praesystolic murmurs are the most prone to disappear of any organic murmurs. Infrequent instances of the disappearance of aortic regurgitant murmurs have been recorded as well as one or two cases of mitral regurgitation, where the murmur was dependent upon a floating body interfering with the valves. However, he thinks it practically safe to assume that a disappearing mitral regurgitant murmur is inorganic. Let us admit then that an organic murmur of one valve may be heard over any part or over the whole of the cardiac area; also that it may be present or absent without apparent cause, also that the inorganic murmurs show the same characteristics. How then shall we explain them, differentiate them and accord to each murmur its true pathologic import?

Webster (*Medical Record*, June 10, 1890) believes that no one theory could reasonably account for all inorganic murmurs and calls these murmurs "accidental" because the term commits one to no theory of causation. Also that such murmurs might be diastolic in rhythm and might be accompanied by an accentuation of the pulmonic second sound and that in many of them a correct diagnosis could not be made without awaiting the results of treatment. With this I heartily agree. He thinks that an incomplete contraction of the heart due to fatigue or toxæmia, as alcoholism or pyrexia might cause a relative mitral or tricuspid insufficiency and a murmur that could not be distinguished from an organic murmur of the corresponding valve. While it seems reasonable to assume that a heart temporarily exhausted by fatigue might produce such irregular or inefficient mus-

cular contraction that the valves would be imperfectly closed and a murmur of leakage result, yet I cannot recall ever having noticed such a condition, and I believe that such an explanation would account for only a very small proportion of the cases and in the matter of toxæmia, other symptoms would undoubtedly be more prominent than a doubtful heart murmur.

Some of these murmurs are clearly associated with anaemia.

Butler, in his "Diagnostics of Internal Medicine," states that mitral systolic, aortic systolic, aortic diastolic, tricuspid systolic and pulmonary systolic murmurs may all be due to anaemia. He also believes that the pulmonary systolic murmur, by which he means the soft or slightly roughened murmur heard best in the second left interspace, about one inch from the edge of the sternum, is almost invariably not due to disease of the valve but is of anaemic origin. It may be heard only in the recumbent position and may disappear during inspiration.

A case recently seen illustrates this type. A young man (A. I. S.) of 21 years, slender (5 feet and 8 inches tall, weighing only 121 pounds), rather pale with thin walled chest and subject to intestinal indigestion had been recommended as a first class insurance risk two months earlier. Urinary examination showed a slight trace of albumin, but the heart sounds were normal until the heart was auscultated in the recumbent position when a faint systolic murmur at the base was heard. This was not affected by respiration or by cessation of breathing. No other evidence of heart trouble could be found. This murmur was, I believe, an anaemic murmur, and although he was not an insurable risk, his heart was in my opinion perfectly sound.

Greene says: "Haemic, anaemic murmurs are usually systolic and blowing in character, seldom widely transmitted and usually best heard at the second left intercostal space. Less frequently over the apex and not transmitted to the axilla and back. When heard at the aortic area (second right space) they are not transmitted into the carotid or subclavian." Goodhart, in a recent Cavendish lecture at Guy's Hospital, reported in the *Medical Examiner* for August, 1905, describes a case of this sort. Speaking of a tall, nervous youth under examination, he writes: "On auscultation we hear a loud systolic murmur over the pulmonary valves, a thick second sound and at the apex a loud systolic murmur which



comes in whiffs as the inspiration rises and disappears absolutely as it wanes. Deduct the nervous excitement and the long narrow chest which cramps the lungs and brings the boy's or young man's heart unusually forward and then the character of the murmur points to the reasonable probability that the heart is a sound one."

Another actual case. A man about thirty years of age, 20 per cent. under weight and reported six weeks previously for a heart murmur. No rheumatism in record. Examiner discovers nothing wrong about the heart at first examination, but his attention having been called to the earlier report, he then finds a faint systolic murmur about the apex which he calls anaemic and which, in all probability, is anaemic and not organic.

Illustrating this condition, but with different conclusion, another case may be mentioned. F. J. L., a man about thirty, tall and slender and much underweight, gave a history of eight attacks of articular rheumatism in the last ten years. These attacks were severe enough to finally compel him to visit Mt. Clemens for relief. Since 1901 a cardiac murmur has been heard at various times by at least six physicians. Sometimes it has been called organic and sometimes cardio-respiratory. I should suspect that this murmur was really organic because the condition which so often precedes valvular trouble—inflammatory rheumatism—was very marked and one would naturally look for organic disease in such a case.

Broadbent (*Lancet*, Nov. 13, 1897) speaks of cardiac bruits heard not only in the course of the mitral regurgitant but over the greater part of the lung. In such cases, he adds, there is usually pleural adhesion. The case of Mr. C. may illustrate this point. Man a little over thirty, fairly well built but lean and healthy in appearance, presented a loud systolic murmur, heard best near the apex and radiating to the left all over the left side of chest around to the back and up into the axilla. This was heard at all stages of respiration and even when breathing was checked. There was no history of rheumatism and the man was moderately athletic. This was called cardio-pulmonary, but my own impression was that the murmur was due to trouble in the mitral valve and if not valvular was due to a pleural adhesion.

Another case. Mr. R., also young and lean and athletic and withal of a nervous, excitable disposition, presented with a rapid pulse, an occasional whiffing sound over the

lower part of the sternum. This was diastolic and not in the least influenced by respiration or position. My conclusion was that the abnormal sound was probably due to an old pleuro-pericardial adhesion.

It is well to note here that nearly all of these doubtful murmurs occur in young men of light weight and thin walled chests. They are not necessarily anaemic, but the intervening layer of fat and muscle between the ear and the heart is very thin and the intra thoracic sounds come to the ear with startling distinctness. Cabot and Locke (*John Hopkins Bulletin* for May, 1903) refer to such murmurs as follows: "When the pleura and pericardium are adherent, owing to tuberculosis or other causes, diastolic murmurs are occasionally audible in the praecordia. They are probably due, in most cases, to suction or tension exerted by the heart upon portions of lung adherent to the pericardium." This mention of pleural adhesions leads us directly to the consideration of the so-called "cardio-respiratory murmur," and the very important part the lungs may play in its production. As to the exact limitation of the term—cardio-respiratory—writers differ, but in general they agree that such a murmur is caused by normal valves acting on lung tissue which may be in normal or abnormal condition. Such murmurs then should arouse suspicion, not merely of the heart but of the whole respiratory tract and of disease that may be active or latent or long since healed with only a scar or fibrous tissue remaining in evidence.

By many writers this intimate causative relation is not mentioned. Broadbent in the *Lancet* speaks of murmurs perfectly innocent of significance. Such murmurs may simulate a soft systolic mitral but are heard only in inspiration or when the chest is full, and are due to compression of the overlapping lung by the heart during systole.

Hoover (*New York Medical Journal*, April 16, 1898) considers that cardio-pulmonary murmurs may be produced either by compression or by aspiration of lung tissue by the heart in its contractions. Compression is systolic and more common than aspiration which is diastolic. Their especial features are their superficial characters, their limited area, and their varying intensity and quality according to the patient's posture and the phase of respiration. They may be heard at any point in the cardiac cycle, during deep inspiration or in forced expiration or in the recumbent position while absent during the opposite respiratory

condition or in the erect position, and again may be heard in the erect position and be absent in the recumbent posture. Their most common seats are over the conus arteriosus or nearly at the apex.

Symonds, in his *Manual*, page 206, writes: "Cardio-respiratory murmurs are produced by the motion of the heart against the overlapping lung. They are most frequently confounded with mitral regurgitation as they are usually heard in the apex region and are always systolic in rhythm. They are greatly affected by respiration and are heard almost exclusively during inspiration toward the end of it, while true cardiac murmurs are almost always fainter at this point. They disappear entirely in forced expiration especially after fixation for a few seconds. Others, however, have emphasized their possible pulmonary significance more clearly. Many years ago Rosenstein in Ziemssen's wrote of a murmur of an endocardial character, the origin of which was to be referred to the lungs, evidently Wintrich's aspiration murmur.

Squire (*British Medical Journal*, Dec. 10, 1898) speaks of a systolic "whiffing" sound below the angle of the left scapula as of common occurrence and often overlooked. He suggests that the conducting tissues may be consolidated and has so found it in several cases at the Consumption Hospital, but believes that the bruit is frequently produced without any disease of the lung or heart. He reports twenty-one cases in which the murmur was heard during inspiration only in ten, during expiration only in four, and during both phases in seven.

Butler (page 362 of his book) speaks of a short whiffing or murmurish sound heard over and around the praecordia which in the absence of other cardiac signs, may be considered as due to the action of the moving heart upon the adjacent lung. While these sounds may be present with apparently normal lungs, it is probable that a certain amount of emphysema, usually localized or compensatory, is requisite for their production. He also calls attention to the extremely variable character of this murmur depending upon the exact relation of the portion of the lung in which the murmur originates to the moving heart, the active agent in its production.

Greene in his *Manual*, in speaking of "murmurs erroneously considered unimportant," says: "One frequently reads of the cardio-respiratory murmurs, but in most instances its close relation with phthisis is not mentioned. The cardio-respiratory

murmur is a systolic whiffing sound, heard best during inspiration and in the region of the heart border. It is commonly associated with pulmonary tuberculosis."

Loomis in his "Physical Diagnosis," page 123, writes of a systolic murmur, often most intense during expiration, heard just below the clavicle on the left side along the course of the subclavian artery and resembling those murmurs produced by pressure on arteries. It seems reasonable, therefore, to him that it is produced in the same way, as by adhesions at the apex of the lung or by pressure from pulmonary consolidation at the apex, although he admits that the exact cause is still unsettled. One thing, however, is certain, he says, that this murmur is more frequently met with in persons who are phthisical than in others.

Butler also writes of this murmur as heard in one or both subclavians when the chest is fully expanded and the breath held, or the arms extended vertically above the head. It may be heard in healthy individuals but is more commonly associated with apical pulmonary phthisis and is presumably due to bending of the vessel under the traction of adhesions or shrinking lung with consequent narrowing of its calibre. I have myself heard this last murmur and been puzzled over it, but the explanation given seems to me a reasonable one.

There is, then, abundant testimony that the cardio-respiratory is not of trifling significance and that its existence, once differentiated from the organic murmur, demands most thorough investigation of the pulmonary condition. The fact that these murmurs usually occur in the type of persons especially prone to tubercular troubles, the slender, flat chested, light weight people, should make us extremely careful lest in our zeal to eliminate heart disease we overlook a danger even more imminent. However, it certainly is not always possible to demonstrate pulmonary trouble in these cases, and I am compelled to admit that I cannot recall ever having found such a murmur with undoubted lung disease, although I have often sought to establish the relationship.

My own idea as to their production is that they are due in some way to pressure effects which vary with the distension of the lungs in respiration. I can conceive of fully distended lungs pressing the heart a little out of its normal position or even compressing it, or perhaps twisting the aorta or pulmonary artery and thus throwing one cusp of the valves a little out of position and rendering perfect closing of the valve an

impossibility. In the same way a temporary constriction might be produced. The well recognized fact that these murmurs appear or disappear with change of position agrees with the theory of causation by either pressure or adhesion, as the heart must appreciably fall back in the chest when the recumbent position is assumed, and if its free movement is constrained by adhesion bands or by heavier, consolidated lung tissue, one could readily understand that abnormal valvular action might result.

Even however, barring pulmonary possibilities, it is not safe to consider a murmur innocent simply because it may only be heard in the recumbent position. In a recent editorial of the *Medical Examiner* a case is cited of a man in perfect health, apparently, but presenting a pulmonary systolic murmur when recumbent. This was increased when he lay upon his right side and then the heart seemed to fall unduly to the right. Six months later he was found dead on a sofa, having when very tired, although not ill, lain down in this position and so died. There is no mention of an autopsy, so the exact defect cannot be given, but evidently more than a mere functional trouble existed. Nor is it safe to assume that a murmur heard only in one position is either functional or organic.

Thus Sansom (*British Medical Journal*, Oct. 16, 1897) writes: "A murmur which is audible in the recumbent position but not in the erect posture is never organic"; while Pye-Smith (*Polyclinic*, Dec. 1902) states that murmurs of doubtful occurrence in the erect posture but distinct when lying down are always organic.

Here we have opinions from perfectly competent men, directly and positively contradicting each other. Who shall decide when doctors disagree?

Is it then possible always to affirm that a murmur is or is not dependent or caused by a diseased condition of the heart valves? My own opinion is that it is not possible to give a positive answer in every case. Of the great majority of murmurs, one may feel confident that they are organic; of many others one may be assured that they are functional and comparatively innocent, but there will still remain a smaller class as to which competent men will differ, both as to diagnosis and prognosis, and cautious and conservative men will frankly admit their inability to decide.

Every side light should be thrown upon the case. Other evidences of heart trouble,

such as rapid pulse, irregular action or dyspnoea help out a diagnosis. A recent examination of a tall, lean, underweight young man in apparently good health revealed a systolic basic murmur which I should have thought functional but for the fact that his pulse was 90, slightly irregular and intermittent. I believe the murmur was organic. Another case in which a murmur had been reported three years previous was recommended by an excellent examiner as a safe risk and the murmur pronounced cardio-respiratory. Seen again a few days later after exercising, he finds the murmur still present but heard over wider area and he yet adheres to his former opinion. I believe this murmur was organic, as I do not consider that a functional murmur would persist for three years or its area of diffusion be markedly increased by exercise. A third case of a man of age 35, well built and not anaemic, who presented a slight systolic murmur at the pulmonary area and radiating to the left of but above the line of the apex. It was not heard over the apex, either when at rest or after exercise and the apex was in its normal position and the heart not enlarged. Examiner thinks the murmur not organic. But the applicant has albuminuria, hyaline casts and red and white blood cells in the urine. I should feel very suspicious that the heart trouble was organic.

Just one more case in illustration. A young man, about thirty, well and strong in appearance and with no other evidence of disease, presented a systolic murmur at the apex, radiating all around the left side to the angle of the scapula and in the axilla. This was heard during inspiration and when the breathing was suspended and in either the horizontal or the erect position and with the unaided ear or with the stethoscope. The apex was directly under the nipple or a shade to the outside. The murmur was very faint and soft and I was at first inclined to call it a cardio-respiratory, but calisthenics very much increased its force, and I finally recorded it as an organic murmur with slight hypertrophy. I also elicited the statement that he had formerly been an amateur bicycle road racer, and this fact, as a causative factor, materially helped in my ultimate disposition of the case.

Of course this question will probably always remain an open one as the functional cases do not result in death and the organic cases drift away from us and so the judgment of the court of last resort, the autopsy, cannot often be invoked. It has occurred to



me that the sphygmograph might be of some assistance in making these diagnoses. Of course, if the murmur is purely functional and caused by external pressure on a blood vessel and no actual leakage through a valve occurs, the tracing should not materially differ from that of a normal heart. As the tracings of mitral and aortic disease are tolerably characteristic, this presence or absence of leakage might thus be shown. A serious objection is that only occasionally would the conditions arise where the sphygmograph might be used. I have only been able to apply it once on such a suspected murmur and obtained a rather doubtful tracing, but was able, by sharply exercising the person, to develop an undoubted murmur of aortic stenosis.

After all, then, one must sometimes feel doubtful and my own custom in such cases is to use every refinement of diagnosis known to me, if possible to see the applicant again under different circumstances and then to report my findings with the tests and mode of examination and my own opinion as to the probabilities and leave the matter for the final judgment of the home office.

Of course, if the suspected heart belongs to a patient, repeated examinations and treatment, either hygienic or medicinal, will probably enable one to clear up the doubtful points.

**The Power of Self Cleansing.**—We call attention to Dr. Ross' pertinent comment on the fact that we are helpless as a profession to rid ourselves of dishonorable members. The English system of registration vested in a medical society council was an attempt to remedy this defect. This was at least logical,—and so successful that probably no Englishman would change it. In this country we secured a grasp on the tail of the idea when we secured the appointment of state boards of medical registration, but we failed to carry out the essential principle when we let that office become a political appointment. It became thereby the appointment of an outsider and not the voice of the profession itself. However no amount of office would be of value to us unless we develop cleanliness of ranks, clearness of perception, and strength of determination, sufficient to do the work which already lies within our power.—*Journ. of the Kansas Med. Soc.*

**"Magic Mechanic-physiological Boots"** is the latest fake that, according to reports, has found as its dupes some wealthy New Yorkers. It is said that these "magic boots" sold at prices varying from \$1,000 to \$5,000. The complaint against the makers is that they practiced medicine without a license, and that the boots, the soles of which were sometimes soaked with drugs, often caused torture to those who were treated.

## THE TREATMENT OF PULMONARY TUBERCULOSIS.\*

By Walter Reynolds, M. D.  
Atlantic City, N. J.

While it is true that in no disease is individualization in treatment more necessary than in pulmonary tuberculosis, yet there is one basal fact that is to be borne in mind which must apply to every case as a general principle, and that is, that nutrition is the essential element in the successful treatment of the disease. This belief is the logical outcome of our knowledge of the pathology of the condition. We can cure or arrest pulmonary tuberculosis only by enabling the tissues of the individual to acquire such vigor as to resist the deteriorating influences of the tubercle bacillus and its associated bacteria, and the toxins resulting from their life energy.

To nutrition we must look for the necessary cicatrization and calcification of diseased portions of lung tissue, and the consequent cessation of the local and constitutional symptoms of the disease. The means by which we can secure nutrition are good food and pure air. The two agents are mentioned together purposely, for unless they are combined in actual practice the results will not be satisfactory.

Sufficient food will not be assimilated without fresh air and the patient may have a maximum of pure air, and yet without proper food there will not be much progress toward the arrest of the tubercular process. Confirmation of this belief is found in the experience of all who have ever treated pulmonary tuberculosis by the open-air good food method, whether in private practice or in sanatoria. The more completely the patient is exposed to the stimulating influence of fresh air, the more active is the digestion likely to be, and the more rapid the restoration to health and strength.

And this all-the-day-long treatment by the open-air method does not appear to be contraindicated by extremely low temperatures either, in fact, patients seem to gain much more rapidly in the extreme cold of the winters in the mountains of Pennsylvania and New York, than in the milder weather of the summer in the same localities. At White Haven during the extremely severe winter of 1904-5, patients who slept out doors in

\*Read before the Atlantic County Medical Society.

tents gained fifty per cent. more in weight than those who remained outside in the day time only, and slept at night in steam-heated rooms with open windows.

The proper diet for a patient with pulmonary tuberculosis is one which combines the proportions of nitrogenous, carbohydrate, fat and mineral elements in the correct ratio, with a maximum of digestibility. If any one of these elements should be permitted in excess of the requirements of health, it is likely that an excess of nitrogen would be the most useful.

Foremost in the list of single articles of diet meeting these requirements is cow's milk. If a supply of cow's milk can be gotten from healthy stock, fresh, clean, and uncontaminated by the use of formaldehyde or other chemical preservative, a long step will have been taken in the solution of the problem of the nutrition of the tuberculous patient. Fresh eggs are second in importance only to good cow's milk in the list of articles of diet for our purpose.

The scheme of diet in use at the Phipps Institute and at White Haven requires the ingestion for the average patient of three quarts of milk and six raw eggs daily, together with one good substantial meal, the equivalent of our modern course dinner, including soup, meat, vegetables and light desert. The system in use in these institutions affords an excellent plan of hyperalimentation, without subjecting the patient to the forced feeding process in vogue at some of the German sanatoria, which would surely be found repugnant to most American patients.

In actual practice, however, it will be found necessary in many cases to modify this schedule to meet the idiosyncrasies of individuals. The element of the personal equation enters strongly into the matter of diet. The saying that "what is one man's food is another's poison" is as true as it is old. I have seen patients recently whose pulmonary tuberculosis has been arrested, perhaps cured, in whom it was found necessary for various reasons to substitute other articles of food for the eggs and milk, but it is none the less true that the Phipps Institute regimen is found suitable and beneficial to a large majority of cases.

Pure air has other value besides that of promoting digestion and assisting tissue deposit. It has been noted for many years at Saranac that patients arriving from cities with most harassing coughs, are almost immediately relieved by being placed out of

doors in the day time, and being obliged to sleep at night with open windows.

It has been noted also at the same resort that the sanatorium inmates cough less at church and in similar gatherings than the supposed non-tuberculous, and it is one of the stock jokes of the "lungers" that immediately upon the arrival of a party of summer visitors, the patients proceed to cough in chorus, in order to gratify the morbid curiosity of the average tourist.

Expectoration is frequently improved as much as is the cough by the open air treatment, and the night sweats of advanced phthisis are better and more successfully treated by this method than by any other. Fever and its debilitating results are likely to be less marked when the open air system is employed. If we can but rid our consumptive patients of the fear of fresh air and teach them that colds, pneumonia, and the like, are not produced by draughts of pure air, but by bacteria and foul air, we shall have made great progress in their successful treatment.

The classic trilogy, open air, forced feeding and a maximum amount of sunshine for the treatment of phthisis will probably require some modification in the light of the recent observations of Major Woodruff of the United States army upon the therapeutic effect of light. Dr. Woodruff finds from his experience in the Philippines, and at home, that individuals of a blonde type do not do well, physically or mentally, when overstimulated by a climate having a greater amount of sunshine than they are intended by nature to bear. Conversely, dark complexioned persons do better in latitudes possessing a degree of sunshine approaching the maximum. Dr. Woodruff's observations have been, I believe, with reference mainly to neurasthenia of tropical origin, but it would seem reasonable to apply his deductions to tuberculous patients also. If his ideas should be confirmed by the profession generally, the practical lesson would be, of course, to send our brunette patients South, the blondes North.

The open air treatment of pulmonary tuberculosis does not necessarily depend upon climatic change or residence in a sanatorium, although the mental effect of change usually assists greatly in the treatment of this as in other disorders, and the discipline of the sanatorium, and the example of others carrying out the regimen seems to be required with certain types of individuals. The successful treatment of the disease at home is, however, now being strongly in-

sisted upon by those who are working upon a large scale in this matter and this is fortunate for the masses of those afflicted with the disease. Consumption of the lungs is largely an affliction of the poor, the underfed, the badly housed and those compelled by poverty to lead unhygienic lives. It is, therefore, impossible that the vast majority shall have whatever benefit may be derived from change of climate, even when accompanied by a comfortably filled purse, and all the sanatoria of the country, greatly as their number has increased in the past few years, will accommodate but a small proportion of those who might be benefited by them.

It is coming to be more and more recognized by the profession that the essential elements in the treatment of the disease may be successfully carried out at the patient's home, even in the large cities. "Sitting out" and "sleeping out" are being practiced on a large scale, with what happy effects the decreasing death rate shows. Hydrotherapy should not be neglected in considering the management of pulmonary tuberculosis. The patient who can react well after the morning cold plunge will receive great benefit from such treatment. Many phthisical patients, however, require that a bath shall be hot, for comfort, and prefer to take it at night. This will in many cases serve us well in quieting nerve irritability and promoting sleep. Sponging has its value, and is more grateful to some persons than the other forms of bathing, and the spinal douche has its devotees. The importance of regular and plentiful sleep should be mentioned as a hygienic measure. Many tuberculous patients have an associated neurasthenia, and these, as well as others, will surely be benefited in many ways by care in the securing of a sufficiency of sleep.

The medicinal treatment of phthisis is at present reduced mainly to the amelioration of the symptoms and complications. The symptoms of emaciation and weakness are best treated by the measures mentioned under the head of nutrition. The fever is managed most successfully by rest in the open air. Rest is usually considered necessary when the temperature reaches at any time during the day 100 degrees Fahrenheit or thereabouts. Exercise is carefully graduated to a point where the circulation is not embarrassed. Pain, being usually pleuritic in its origin, may be combated by counter-irritation in the shape of cantharides in some form. A recent writer suggests that as the vesicle resulting from the action of cantharides contains an anti-toxin, it should not

be punctured, but should be allowed to be re-absorbed. Cough is usually not in excess of the requirements of the pathologic condition under the open air treatment, but in cases where it is unproductive, and more frequent than the associated bronchial catarrh requires, opium or some of its derivatives, preferably heroin, will be needed.

Hemoptysis is usually controlled by rest, ice to the precordia, and nitro-glycerine internally. Occasionally morphine hypodermatically will be necessary. Night sweats are not usually a troublesome symptom under the modern system of treatment, but when they do occur, as in advanced cases, when they are in reality septic and not tubercular, they may often be anticipated by the administration of a glass of hot milk or an ounce of whisky, diluted, prior to the time at which it has been found that they usually occur. The use of atropine, camphoric acid, picrotoxin and other remedies of this class seems to be deemed unworthy of mention by the more modern writers upon this subject in view of our later knowledge as to the pathology of this condition. Alcohol is a remedy concerning whose value in consumption doctors disagree, greatly. Flick and others are undoubtedly correct in decrying its use in early cases, but in the more advanced forms of the disease, a half ounce or an ounce of whiskey three or four times daily, does good by preventing excessive tissue waste, acting as a supplementary food, and by stimulating the circulation and digestion.

Strychnine and the mineral acids help matters by their useful influence upon digestion. Some experienced clinicians use inunctions of europien for the sake of the alterative effect of the iodine. The occasional use of a douche or inhalation of a mild formaldehyde solution to prevent nasal and pharyngeal colds seems rational in view of our knowledge of their bacterial origin. The recent literature of the treatment of phthisis is remarkable, in my mind, for no one thing more than for the impressive silence maintained regarding the use of the old stand-by cod liver oil. It seems to be, by the most eminent workers, contemptuously ignored, and that by those who cannot be regarded as therapeutic nihilists, either. It would appear that this much vaunted remedy has, on the whole, done more harm than good, on account of its disturbing effect upon the prima via. So far as its value as a fatty food is concerned, this can be satisfactorily replaced by the cream of cow's milk, and the yolk of eggs.



Creasote and its more refined relatives, such as quaiacol carbonate, seem also from recent publications to be losing ground as remedies in favor of a more complete dependence upon the general hygienic-dietetic measures. They are still, however, probably the most generally prescribed medicines, and certainly do good in many cases, not from any specific anti-tubercular virtue, but by their favorable effect upon the bronchial secretions and the digestive tract. The present status of the serum treatment of pulmonary tuberculosis seems disappointing. The results obtained at the Phipps Institute with the Maragliano serum have not been satisfactory, and the writers who report favorably upon the use of Marmorek's serum on a small scale are not yet confirmed in their observations by the more widely experienced. The value of the tuberculin of Koch, as a therapeutic measure, has not yet been clearly established. The dysphagia, dyspnea, and diarrhoea of the advanced cases seem to call mainly for the judicious use of morphine hypodermatically. I have always considered myself justified in using it freely for the relief of these distressing symptoms and to induce euthanasia. The psychic treatment of the disease should not be overlooked. Suggestive therapeutics is as important here as in other conditions. That peculiar, merciful, toxic condition, known to our more classical, but less practical, predecessors as "spes phthisica" should be carefully cultivated for the patient's benefit. As was remarked at the beginning of this paper, the individual should be studied and treated rather than the pathological entity. The physician who can inspire his patient with hopefulness, cheerfulness and patience, will have done a great deal towards effecting a cure, and will have succeeded in reflecting credit upon his profession and upon humanity.

27 South Indiana Avenue.

"Many (tuberculosis) patients believe religiously that gain in weight always means improvement," says *The Journal of the Outdoor Life* (Trudeau, New York, January), "and the wave of expectancy on 'weigh days' in sanatoria rolls high. While gain in weight is one of the trusty guides, it is often a treacherous one. Small, steady gain, with special consideration of the stomach, is the desideratum. Patients below weight should eat slightly more than natural (normal) appetite prompts. They should seek to gain on a minimum increase of food."

Owing to the pressure on our columns we can not print in this issue even a synopsis of the program of the State Society meeting. Each member of the society will receive the complete program in due time.

## SOME OF THE MORE COMMON FORMS OF ACUTE PERITONITIS.\*

By Milton A. Shangle, M. D.,  
Elizabeth, N. J.

Most of the affections of the peritoneum are of such serious nature and some are so universally fatal that, particularly from a surgical standpoint, this membrane is one of the most important structures in the human body. Even at this time when the technique in aseptic surgery seems almost perfect, peritonitis is one of the complications most feared and most carefully avoided in all abdominal and gynecological operations.

In structure, the peritoneum is a thin membrane composed of connective tissue covered by a single layer of endothelial cells. This connective tissue contains an abundant network of capillary and lymphatic vessels, which anastomose freely. The absorption capacity of this membrane is great; being equal, as proved by experiment, to that of direct intravenous injection. In the diaphragmatic portion especially, is the absorption carried on with activity, as in that region open lymph channels exist which are capable of carrying off even small granular bodies. On the other hand, the secretory activity of the immense vascular surface of the peritoneum is also great; a large amount of exudate passing through the peritoneum to the abdominal cavity in a comparatively short time. The peritoneum responds quickly to irritation; fibro-plastic activity being set up more rapidly here than elsewhere in the body. The course of peritoneal inflammation is modified by all of these factors. The great extent of the peritoneum, (possibly equal to the integument), its close relation to all the abdominal organs and to the genital tract; together with its very vascular structure, strongly predispose it to inflammatory processes.

Inflammation of the peritoneum may be classified as follows:

1. According to anatomical location, as ectoperitonitis and endoperitonitis.
2. Pathologically, as diffuse, septic, suppurative, putrid, hemorrhagic, serous, fibrino-purulent and fibrino-plastic.
3. According to etiology, as traumatic, perforative, metastatic, etc.
4. Bacteriologically, as streptococcus,

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staphylococcus, pneumococcus, bacilli coli communis, gonococcus and tuberculous peritonitis.

5. Clinically—1. Circumscribed or local; 2. Spreading; 3. Diffuse or general.

Of course various types included in this classification must necessarily co-exist in any one form of the disease.

The term peritonitis as commonly used refers to inflammation classed as endoperitonitis.

The cases of ectoperitonitis are not so common, but nevertheless are important as they, at any time, may result in a true peritonitis which may prove fatal, either by rupture into the peritoneal cavity or by absorption of bacteria and toxic products by the lymphatics from the external surface of the peritoneum. In the limited time allowed we can only consider a few of the more common forms of acute peritonitis.

1. The local or circumscribed fibroplastic variety (commonly called peritoneal adhesions). This form is found in the region of a sub-acute or chronic appendicular inflammation, about an unruptured pustule, an inflamed gall bladder or an unruptured ulcer of the stomach or duodenum. The bacterial cause is usually the staphylococcus and gonococcus. The symptoms may be more or less severe with fever, local pain and tenderness, rigidity, tumor, etc.; but usually they are more referable to the primary lesion, except in certain instances where the adhesions may, by traction, displace certain organs or cause obstruction of the bowels.

2. The localized or circumscribed suppurative type is the common abscess. It is most frequently met with at the appendix, in the pelvis, at the gall bladder and beneath the diaphragm. This form of inflammation is, as a rule, caused by direct extension from some previous lesion, with or without perforation. In the great majority of cases if perforation occurs at all, it is after a previous adhesive inflammation has existed, which stops the spread of the infection; otherwise the result would be a more general inflammation of the peritoneum. The walls of the abscess cavity are composed of coils of intestine or other abdominal organs, held together by adhesive bands, and the abdominal parieties. The contents may be pus and fibrin or serum and putrid gangrenous material with fecal matter.

The bacteria present are the staphylococcus, bacilli coli communis and the pneumococcus. The symptoms depend largely on

the virulence of the germs and the amount of the absorption of the toxic products. They may appear or be preceded by those of the primary disease. Usually we find pain, sometimes general at first, later becoming more or less localized at the seat of trouble; vomiting, constipation, fever and acceleration of the pulse, occasionally chills, more or less meteorism, abdominal tenderness and rigidity, with or without tumor.

If the case be allowed to go on we may have the signs of marked toxemia with greater distention, more rapid pulse, anxious facies, sweating, etc. This class of cases is frequently the most deceptive with which we have to deal; deceptive in the fact that there is oftentimes no relation between the pathological conditions existing and the symptoms present. Case after case has been operated upon, (especially those of appendicular origin), in which the symptoms pointed to simple inflammation and when the abdomen was opened the operator was surprised to find a foul abscess present.

3. General or diffuse septic peritonitis. This term has been applied to many of the forms of general peritonitis. Probably the better way is to limit it to the so-called "intestino-peritoneal septicemia," and not include any of the suppurative forms. This variety usually originates from some perforation, either of the abdominal wall or some hollow viscus. Occasionally it is present also as a post-operative peritonitis. The peritoneal changes are always insignificant; oftentimes it shows nothing more than a marked congestion; sometimes there are present a few ounces of brownish fluid. Rarely, in the few instances, where the patients live long enough, there may be slight suppuration at the site of the infection. The intestinal coils are usually distended. Bacterial cultures almost invariably show the streptococcus present; occasionally the colon bacillus alone.

As for the symptoms, the onset is sudden, characterized by great pain, sharp, "colicky" in character, extending at first over the abdomen, later confined to the site of perforation. Vomiting is severe at first but may subside later on. The patient may go into collapse and a condition of shock with slow pulse, falling temperature, great abdominal tenderness and rigidity, absolute constipation with diminished secretions. Later the temperature rises, the board-like abdomen becomes distended, the pulse becomes more feeble and rapid, the characteristic facies, with cyanosis, develops and the patient

gradually sinks into stupor and dies in from twenty-four to forty-eight hours after the onset from the overwhelming toxemia. This is our most dreaded form of peritonitis.

4. General suppurative or fibrino-purulent peritonitis may be divided into two varieties: spreading and general.

Among the causes may be mentioned, rupture of some circumscribed abscess, rupture of a pus-tube, perforation of a diseased appendix or a typhoid ulcer, and perforative wounds of the abdominal wall or the abdominal viscera. The infective process is spread throughout the abdominal cavity, the adhesions which form, although restraining, are insufficient to arrest the progress of the infection. Probably a true suppurative peritonitis is never general.

The more common appearance of a fibrino-purulent peritonitis is a deeply congested peritoneum which has lost its lustre, is ecchymotic in places, and has flakes of fibrin covering portions of its surface. The intestinal coils are lightly adherent, beneath and between which collections of purulent material may be found. This material may vary from a thick creamy pus to a slightly turbid serum. General peritonitis of this type may originate by infection spreading from existing lesions without the occurrence of rupture at the site of the lesions.

There are on record a number of cases in which signs of general peritonitis have been observed in the course of typhoid fever, coming on suddenly and naturally leading to a diagnosis of intestinal perforation; but in which, on operative intervention or post mortem examination, no perforation was found. Such an instance is reported by two surgeons in a *Parisian Medical Journal*. Though the onset of peritonitis in this case was fulminant, occurring on the twenty-first day of the fever, the lesions found indicated that the peritoneal inflammation must have existed for a considerable time and pursued a latent course. The fatal termination took place within twenty-four hours of the outburst of the symptoms, attributed to perforation, but not until laparotomy had been performed.

Neither during the operation nor at the examination after death did the most minute exploration disclose intestinal perforation or the fact that from any organ there had escaped material capable of setting up peritonitis. A noteworthy feature of the case was the entire absence of tympanites. The authors suggest that in this case the peritoneal inflammation was probably pro-

pagated from the intestine by contiguity. Since it was decidedly most marked in the peritoneal coat of those portions of the intestine that showed the most pronounced lesions of Peyer's patches; and contiguity does indeed seem sufficient to account for the peritonitis.

One of the difficulties encountered in fibrino-purulent peritonitis is in deciding when it is general or spreading. Of course in the early stage of the inflammation, it may be comparatively easy, but later, when the inflammation has spread over the entire area, visible in the operative field, it is very difficult to say whether or not some regions are perfectly free. It has been suggested by some operators to pass a wipe, on a clamp, to various sections of the abdomen to ascertain if they be involved. This seems hardly a justifiable procedure and not devoid of risk of spreading the infection.

The bacteria found present in this class of cases are staphylococcus, albus and aureus, streptococcus, bacillus coli communis, pneumococcus and gonococcus. It was formerly believed that the gonococcus was not capable of causing an acute general peritonitis, but recently these views have changed as numerous severe cases have been reported due to gonococcic infection.

On this question of bacteriology, Dugeon and Sargent state their observations have led them to the conclusion that the staphylococcus albus exercises some sort of protective action in peritonitis, and that, by determining the advent of phagocytes. It therefore, in nature takes the place of those chemical substances, which are capable of producing an artificial immunity. It is the first to arrive upon the scene, and provokes the appearance of clear fluid exudate, which soon becomes turbid from the presence of innumerable phagocytes. Later the more virulent organisms, in the majority of cases the colon bacilli, appear, and it is upon the start, so to speak, which the staphylococcus has had, and the ability to answer the call that the prognosis, to a large extent depends. Generally speaking, if the staphylococcus albus is found alone the outlook is good. If the colon bacillus is also present, the outlook is graver, and if the colon bacillus is found alone the patient will probably die. The staphylococcus albus is the last to disappear when the individual has overcome the infection, and may persist for a long time. This may explain why later attacks of appendicitis are seldom or never of an acute fulminating type.

The staphylococcus albus also exerts a



protective action by assisting the formation of adhesions. It seems probable that as soon as the intestine becomes distended and congested the staphylococcus albus makes its way out at any and every point, to be followed at a later period, if the obstruction is unrelieved, by other organisms, notably the colon bacillus. A prognosis can be made from films taken from a remote region of the peritoneum. If phagocytic cells are abundant and if cocci other than streptococci are present the prognosis should be favorable. But if cells are scanty and disintegrated and bacilli are alone or predominate, or if streptococci are present in any number, then the case may be regarded as hopeless.

Symptoms—The onset may vary from sudden shock in perforative cases to a slow insidious form with symptoms pointing to local trouble at first. Pain and vomiting, with general muscular rigidity, are usual symptoms in a virulent, sudden invasion of the peritoneum. Epigastric tympany, vomiting, rapid pulse and constipation mark the beginning of other forms. Pain is an uncertain symptom, being severe in certain instances, while exceptionally, cases may terminate fatally without abdominal pain.

Of the other symptoms, we have more or less vomiting, constipation, rapid pulse of varying character, rise of temperature, although this also is deceptive, being normal or sub-normal in some cases. Respiration is thoracic; short and frequent. Physical signs are the characteristic facies, posture with thighs flexed, tenderness and muscular rigidity, distention with areas of marked tympany.

It is perhaps not a very difficult matter to diagnose a case of severe peritonitis, but it is a difficult matter, sometimes, to form an idea as to the extent of the inflammation or as to the variety present, especially in the localized cases.

Treatment—1. For the fibrino-plastic variety the treatment may be medical or expectant. Usually the peritonitis itself is not treated surgically excepting where the adhesions are broken or severed in the effort to remove the cause. Occasionally the inflammation is directly treated, however; as for example, in cases in which the bands have caused obstruction of the bowel or in instances of the so-called "gall-spider."

2. Localized or circumscribed, suppurative type. Here the indication is to relieve the peritoneal cavity of an abscess. After the abdomen has been opened and the general peritoneal cavity walled off with wipes, the abscess may be opened and the contents

evacuated. If possible the cause should be sought for and treated or removed, unless in so doing there is danger of injuring or breaking down the limiting wall of adhesions, in which case the primary cause had, if necessary, best be treated at some subsequent time. In all cases in which there is circumscribed abscess free drainage, by means of Morris or other drains, should be used until a fistulous tract is formed which communicates with the external surface.

There is another type of localized suppurative peritonitis where we find a small amount of turbid serum free, without adhesions, in some peritoneal pouch, for example, about an inflamed appendix, in which case the fluid may be absorbed by wipes and the abdomen closed without drainage. In these cases the peritoneum is oftentimes capable of caring for the infection, and, the source having been removed, a drain may be productive of more harm than good.

3. General septic peritonitis. If we classify these cases, as I believe they should be, under the head of septicemia of peritoneal origin, there is no treatment. They invariably die whether operated upon or not.

Granted, a case of rupture of the bowel or other perforation treated early by laparotomy may be saved, for the reason that the source is removed before the infection becomes general. When the infection has spread over the most of the peritoneum, however, I believe the result will be absolutely fatal.

4. General and spreading fibrino-purulent peritonitis. It is probably in the treatment of this class of cases that the greatest diversity of opinion exists. The two great questions involved are irrigation and drainage.

Of course the first step in the surgical treatment is to reach the source of infection and, if possible, remove it. Then arises the difficult question of how to treat the resulting pathological condition, *i. e.* the peritonitis. Various procedures have been suggested and practiced. The indication surely is to remove as quickly, and with as much gentleness as possible, the products which are being absorbed into the system. What will do this so thoroughly and with so little damage to the already inflamed peritoneum as irrigation with normal salt solution? Probably irrigation, with some form of tube and funnel, beginning at the upper and ending at the lower portion of the abdomen, is the better method.

It should be repeatedly done with large

quantities of solution until this returns perfectly clear. Possibly it is a good practice to make small incisions at a distance from the original wound in order to facilitate this important procedure. This irrigation applies particularly to the cases of general peritonitis and to the cases in which the inflammation has spread over a large area of the peritoneum.

Of course, in the cases in which the inflammation is confined without adhesions to a small portion of the abdominal cavity, irrigation would be contraindicated on account of the danger of spreading the infection. Most operators who use irrigation leave salt solution in the abdomen to assist in diluting the toxins and, to some extent, prevent the formation of adhesions.

At this stage in the treatment there is another important step, and that is the elimination of the toxic contents of the distended, parietic intestinal tract, which are being absorbed and added to the poisoning process. It has been suggested by some to make incisions or punctures in the gut and allow the contents to escape. Dr. McCosh has advised injecting into the bowel a saturated solution of magnesium sulphate which will cause elimination by the natural passage. It certainly seems rational to rid the system in some manner as early as possible, of this additional source of toxemia.

Drainage. On this subject Senn says: "Drainage of the abdominal cavity after operations for peritonitis is an admission of the present imperfect state of surgery. It is an acknowledgement on the part of the surgeon that he has only in part fulfilled the indication for which the operation was performed." The statement so frequently made that "Drains do not drain," seems to contain more than a grain of truth. It is a difficult matter to "make water run up hill" without some propelling force or by suction. Capillarity is a physical force more or less temporary in its action in the process of drainage. Surgeons to-day are not using drains as extensively as they formerly did in these cases of general peritonitis, because their observations have taught them that the drains did not properly perform their function. Many operators are omitting drainage entirely in certain of the cases.

Dr. Blake, of New York, in discussing this subject, says: "I was formerly a warm advocate of abundant drainage, later I became convinced of the utter impossibility of draining every part of the peritoneal cavity. It was evident that the drains were soon isolated by adhesions, so I next con-

finer myself to the drainage of the field of operation, and then, perceiving that the other similarly affected regions of the peritoneum took care of themselves, I omitted drainage almost entirely and only employed it when the presence of necrotic tissues or hemorrhage demanded it."

There seems to be sound logic in this statement. We all know it to be a fact that adhesions rapidly form about a foreign body in the peritoneal cavity and isolate it, and how, under these circumstances, can the material in some other portion of the abdomen reach the site of drainage. Is there not, on the other hand, danger of pocketing some pus and causing multiple abscess formation by this production of adhesions? In fact I have seen this occur in a case of general peritonitis following a perforative appendicitis in which two large drains were used.

The other objections to the use of drainage are, lengthened convalescence, post-operative meteorism, hernia, and possibility of intestinal obstruction. Perhaps, if drainage is to be used in these cases, the most efficacious method is to insert multiple drains for a short distance through several small incisions in different parts of the abdomen.

Drainage should be used in abscess cases, in spreading cases, and in cases of general peritonitis where foreign material that might continue the infection is left behind.

After-treatment should consist, in nearly all cases, in the introduction into the system, either by rectum or by means of subcutaneous injection, of normal salt solution.

Stimulants are indicated to support the heart over the crisis of the toxemia. The diet should be light but nutritious. The bowels should be opened as early as possible, as they are the chief avenue of elimination. Especially important is this in the cases where absorption seems great. After seventy-two hours or so, it is good practice to irrigate some of these cases of foul circumscribed abscess and so remove some of the putrid material which is being absorbed.

Fowler's position, with the head and shoulders elevated, is indicated in all cases of spreading and general peritonitis, as abscess formation, should it occur, is surely preferably to be located in the pelvis rather than the subphrenic region.

The prognosis in peritonitis depends perhaps more on the time of operation, the virulence and type of infection, and the resisting powers of the individual, than upon the method of surgical treatment adopted.

We must not forget that in peritonitis, as in many other diseases, the local inflammation is but a feature of the disease and that the most serious element is the condition of toxemia resulting from absorption of the inflammatory products.

## THE DIAGNOSIS OF THE EXANTHEMATA.\*

By Jay F. Schamberg, M. D., of  
Philadelphia.

The diagnosis of smallpox is sometimes extremely difficult. The diseases most apt to be confounded with smallpox are syphilis, chickenpox, measles, drug eruptions, etc. The first named disease may most strongly counterfeit the variolous eruption and may require at times close study to be differentiated therefrom. The pustular syphilide is the type which bears the strongest resemblance to smallpox. It may be preceded and accompanied by some fever, depression, aches and pains and the eruption may change rather rapidly and run its course with considerable rapidity for a specific eruption. It is to be noted, however, that there is no distinct and pronounced illness beginning suddenly with chills and fever forty-eight to seventy-two hours before the onset of the eruption. The eruption comes out less rapidly than in smallpox, is more multiform, seldom involves the palms and soles and is furthermore accompanied by generalized glandular enlargement and other evidences of syphilis. The initial lesions and the scar thereof may be discovered.

Chickenpox does not present so strong a resemblance to smallpox except in rare instances. The confusion may result from the presence of an unusual profuse varicellous eruption or there may be a sparse variolous eruption which may suggest the diagnosis of chickenpox. In chickenpox the outbreak of the eruption is usually synchronous with the development of febrile symptoms. The eruption even at a very early stage is multiform, maculo-papules and vesicles being present as a rule on the first visit of the physician. The eruption appears in crops and the polymorphism is accentuated after the second crop appears, for there are now present crusted lesions, old depressed vesicles and new tense vesicles. The vesicles are superficially situ-

ated, and the thin walls are readily ruptured with the finger. The distribution is quite different from that of smallpox. The trunk, particularly the back, shows the greatest number of lesions and the face and the extremities are but sparsely affected relative to the general extent of the eruption.

The eruption runs a much more rapid course than that of smallpox and as a rule terminates without scars. *Chickenpox in adults* is not nearly so rare as would be indicated by many writers on the subject. Adults who have escaped chickenpox in childhood are very apt to contract the disease if exposed at a later period. Adult chickenpox is often preceded by a prodromal illness somewhat suggestive of that which occurs in smallpox. It is to be distinguished from the initial illness of smallpox by the comparative mildness of the symptoms. There may be fever, weakness, nausea, headache and a little backache, but these symptoms are seldom sufficiently pronounced to enforce detention in bed. High fever, prostration and vomiting are rarely, if ever, encountered. The varicellous eruption in adults may give rise to vesicles which are a little deeper seated and firmer than those seen in children; this is true particularly of the lesions on the forehead, where quite a firm feel may be communicated to the finger passed over the skin.

The facility with which measles, particularly in adults, may be confounded with smallpox, especially during epidemic prevalence of the latter disease, is not sufficiently recognized by the profession at large. In adults the catarrhal manifestations of measles are not always frank and pronounced, and may at times be overlooked; the lesions, moreover, may be quite papular and resemble strongly to the sense of sight the eruption of an early confluent variola. During epidemics of smallpox errors are frequently made in regarding measles as smallpox, and in the absence of epidemics, of diagnosing smallpox as measles.

Drug eruptions, particularly those resulting from the administration of the iodides and bromides may bear a suggestive resemblance to smallpox, but may nearly always be differentiated therefrom by close study of the eruption and the attendant symptoms.

In suspected cases of smallpox a sign of much value is the vaccinal condition of the patient. In a patient with profuse cutaneous outbreak, the presence of a good vaccination mark, resulting from a vaccination five or ten years previously, would consti-

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tute strong evidence against the varolous nature of the disease under consideration. The prevalence of an epidemic or the history of exposure to the disease are also factors which must be carefully ascertained in formulating the diagnosis.

It is comparatively easy to diagnose scarlet fever in a typical and pronounced case. There is no acute eruptive disease, however, which presents more difficulties in diagnosis when extremely mild and aberrant cases are encountered. Patients seized with sudden vomiting, sore throat, and fever, followed on the second day by a generalized scarlatiniform rash over the body, lasting four or five days, present a picture which cannot be mistaken. But unfortunately, cases presenting extreme mildness of one or two symptoms are apt not to present the other usual manifestations in characteristic form. When the temperature is a little elevated and the rash poorly developed, the throat and tongue commonly fail to shed any light on the nature of the disease.

Errors of diagnosis result not only from the occurrence of extremely mild cases of scarlet fever, but also from the existence of other affections, which produce a rash more or less indistinguishable from that of scarlet fever. Scarlatiniform rashes may precede the true eruption of smallpox, chickenpox, measles and typhoid fever, and may occur during the course of malaria, dengue, influenza, cholera, rheumatism, pyemia, septicemia and other diseases. They may also result from the administration of drugs particularly quinine, salicylates, mercury, belladonna, etc. Antotoxins, particularly those developed in the intestinal canal may also give rise to rashes of this character. Some of these eruptions may be followed by scaling, but desquamation does not necessarily indicate the scarlatinal nature of the antecedent exanthem. The red papillated tongue, when well pronounced, is of considerable diagnostic value, although it must be remembered, that there are mild cases of scarlet fever without any enlargement of the lingual papillae, and on the other hand, there is a considerable variation in the size of these papillae in individuals in normal health. The presence of a pronounced angina, characterized by congestion and swelling of the tonsils and half arches, associated with a scarlatiniform eruption, is strong evidence in favor of the scarlatinal character of the disease.

The diagnosis of scarlet fever can only be made in doubtful cases by attention to all of the symptoms present and without undue

or exaggerated value being attributed to any one manifestation.

As to the duration of the infection of scarlet fever, it is a difficult matter in any given case to say just when the period of infectivity terminates. The probabilities are that the infection of scarlet fever resides in the secretions of the throat, nose and ears, and cases in which the discharge from the nose or ears is protracted will probably remain infectious for a longer period of time than other cases of scarlet fever.

While a general belief has existed in the contagiousness of scarlet fever scales a change in this regard has taken place within a few years. Indeed, we have no positive knowledge that the desquamating cuticle of scarlet fever is capable of transmitting the disease; on the other hand, there is much evidence which tends to negative this theory. It is a demonstrated fact that smallpox infection may be carried through the air from smallpox hospitals; but experience has proved that aerial transmission of scarlet fever never takes place from institutions in which this disease is treated. This argues against the infectivity of scarlet fever scales, minute particles of which float abundantly in the air in hospitals for infectious diseases. There are other arguments which time will not permit one to enter into.

It is a good working rule, however, to quarantine a patient suffering from scarlet fever until desquamation has ceased, for this ordinarily covers a period of six weeks, and during this time scarlet fever patients are usually in an infectious state. If, however, slight desquamation continues on the hands and feet for some weeks after this period has passed and there be no discharge from the ears or nose, it is doubtful whether sanitary science, in the light of our present knowledge, demands that the patient should be quarantined until every vestige of scaling has disappeared.

Rubella, German measles or r  theln is an affection too frequently confounded with measles. The term "German measles" is unfortunate, inasmuch as it suggests an essential relationship to ordinary measles. Rubella is just as distinct from measles as chickenpox is from smallpox. In both instances there is merely a clinical resemblance. As some of the old names "hybrid measles" and "hybrid scarlatina" suggest, the disease is a sort of clinical compromise between these two affections. The rash consists of pinhead to lentil-seed-sized, barely elevated, rosy macules which are evenly and discretely scattered over the surface. The

eruptive elements are smaller, paler and more discrete than those of measles. At times the eruption may be quite morbilliform in character and at other times the rash may resemble that of scarlet fever, but in any considerable epidemic the exanthem preserves in the main the type which is characteristic of the disease.

Patients, particularly children, are often not sufficiently ill to care to go to bed, indeed, may make no complaint whatsoever, so that the eruption is the first manifestation observed. We usually find a little redness and watering of the eyes, sneezing and slight cough present, but these catarrhal symptoms are much milder than when observed in measles. Indeed, the catarrhal symptoms of a severe rubella are not as pronounced as those of a mild measles. A slight degree of sore throat is usually present, characterized by redness of the tonsils and soft palate. The eruption lasts, as a rule, not more than forty-eight hours and disappears, leaving no evidence behind. There are exceptional cases in which the symptoms may be more severe and in which the disease may be more protracted. Generally speaking, however, rubella is the mildest of all of the acute eruptive diseases.

1922 Spruce street.

### SOME OBSERVATIONS ON THE CARE AND TREATMENT OF INFANTS AND YOUNG CHILDREN.\*

By Levi W. Halsey, M. D.,  
Montclair, N. J.

The physician who undertakes the care of infants and young children attempts a line of work requiring the highest skill and greatest tact, as there are probably presented to him the most serious difficulties in diagnosis is that the medical man is called upon to grapple with. The inability of the little patients to aid in the investigation, taxes the diagnostic faculties to the last degree. On the other hand this condition is not without certain compensating features, for all the confusion and perplexities, occasioned by perverted or exaggerated subjective symptoms, are wholly eliminated. The problem is one of physical condition only, unchanged by the intrusions of mental influences. It is true also that usually there need not be considered the possible

results of previous diseases or excesses, nor have habits been formed, which need, more or less, to be taken under consideration.

First of all, the physician who would successfully care for little ones must have a genuine and apparent love for them. An adult patient may possibly be deceived into believing that the physician has a special regard for him but even the less capable mind of the child, detects with unerring accuracy the difference between a false and a true affection. Love for children smoothes many rough paths and makes ready access to their hearts. Again, time, so valuable to the busy doctor, must not be counted at all. The idea that any definite number of minutes will be sufficient to thoroughly investigate a certain case, must be dismissed before such an investigation begins. The essential thing is to take all the time that may be necessary to accomplish the end desired.

The steps taken in diagnosis may be grouped under three heads each, which must be followed out in order to produce the knowledge sought. These heads we will term interrogation, inspection and examination. The questioning process is, of course, directed to the parent or attendants, and should always be completed before we are brought into the presence of the patient. Everything that relates to the previous condition of health should be brought out, as well as the incidents and symptoms of the immediate trouble. The family history is also valuable, and might be found to bear upon the case in hand.

Having then secured all the information that might be of aid, the second step or "inspection," is in order. To my mind the first appearance of a physician before a little patient is a moment of supreme importance, for, while the time may be long that it takes to discover the cause of his ailment, in a very few moments his active little brain arrives at very definite conclusions as to whether his feelings are those of love or hate. As a preliminary to meeting a young child always learn its name; for I know of no more certain way of gaining its favorable notice than by being able to call its first name, as if the acquaintanceship were of longer duration. Should the child be asleep, so much the better, as position, respiration, color, pulse and much else may be more satisfactorily noted in this state. The inspection cannot well be continued till all the clothing has been removed. Time does not permit us to take up in detail the very many points to be observed in a sick

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child lying naked before one. An opinion as to the circulation is at once arrived at by the appearance of the finger nails, the lips, and the entire surface of the body. Posture indicates much. Are the legs drawn up, the fingers or toes flexed? Is the head drawn back? Are the muscles of the face relaxed or tense? Does the child lie upon the back, face or side? The quick observer takes in a score of points in as many seconds. Particular heed should be given to the character of the cry, as it may mean much in disclosing the seat and the degree of pain. Under inspection might be added the examining of the stools. Certainty as to digestion can only be arrived at by carefully looking at the evacuations. Should they show any departure from the normal in color, quantity, consistency, or other characteristics, something is wrong either as a primary or secondary cause, and its nature must be ascertained.

The entire inspection of the child reveals much more than has been thus briefly suggested, but my own experience and observation of the methods of others tells me that few, if any, in actual practice exhaust its possibilities and resources. The more we look, the more there will be unfolded to our perception.

Physical examination does not differ in procedure from that practiced with adults, except that the order of investigation may be changed slightly, that the more disturbing steps may be taken last. Percussion should follow auscultation, while examination of the throat, which in babies nearly always induces active resistance, should end the investigation.

The question of treatment is too large a one to be entered upon in this paper, except to state as a very positive conviction, that medication is far too frequent and far too heroic in the great majority of cases. The tendency of all sick infants is to get well, and other remedies than drugs play the most important part in hastening this end.

The subject of feeding demands an evening by itself and will be passed over. I only wish to state in this connection that since there has been established a modifying milk laboratory in Montclair I have used prescription milk with the greatest satisfaction. I always have one or more babies on this milk and have never yet met a problem in feeding that could not be solved by this percentage product.

A few important points that are commonly ignored by the doctor and left to the

half trained nurse or ignorant mother, I will consider briefly.

First let me speak of the bath. Every day for the first two or three years of life the infant is presumably bathed. With probably few exceptions, not much thought is given to the exact temperature of the bath, and little if any attention to the smaller details of method and manipulation. Unless a new born infant is fairly vigorous, only a sponging ought to be given for several days, or even weeks; but for a normal child, the tub dip following the cleaning process on the nurse's lap is desirable. For the washing following closely after birth, make the water about  $98^{\circ}$  of heat. For the second and each succeeding bath during the first month  $95^{\circ}$  is right for the normal child. After this the temperature may be gradually lowered till at the age of one year it is  $90^{\circ}$ . From the first to the fourth year, by easy changes, it may be brought down to  $80^{\circ}$ . I would like to strongly urge the importance of the physician's giving attention to this question of temperature, for I am led to believe that the majority of mothers err seriously in having the bath water too hot. In my judgment this conduces largely to the colds and catarrhs to which infants and young children are so liable. The feel of the water to the hand is too inaccurate a test and a thermometer ought to be used. Enquiry along this line has proved to me that many children as old as three years are bathed daily with water heated above  $90^{\circ}$ , frequently it is  $95^{\circ}$ , and occasionally as high as blood heat. Obviously such temperatures are too high. Except in cases where there is a thoroughly capable nurse in charge, the physician is responsible for the most explicit directions as to the handling of the child, and such small details as soap and powder should not be forgotten. Of the former, none compares with pure castile, while sterile talcum probably excels all powders of its kind. It is wise to caution mothers regarding the use of powder, as when applied too thickly in the folds of the skin, it unites with the secretions, forming irritating crusts, which vastly increase the chafing the powder is supposed to prevent. As perfectly healthy skin will not chafe, and powder is used only to dry irritated areas, all excess ought to be wiped off before the clothes are put on.

The clothing of babies is a subject too much neglected by the physician, and regarding which not a few frankly confess their ignorance. The clothes must be warm,



loose, and of just sufficient quantity. Each of these conditions must be constantly in mind. To gain the first point woolen fabrics are generally used; the second is a matter of discretion, while the third must be determined by the person having the care of the baby. No good reason exists why the band should be continued beyond the first few weeks. There are several good ones why it should not. For it, may be substituted a woven garment, closely fitting the body, which extends from the hips to the axilla and is supported by straps over the shoulders. In my own practice I see to it that the band is surely removed within the first month. Over the woven undershirt comes a long shirt with long sleeves, then a flannel petticoat and lastly the dress. No petticoats or pinning blanket with broad muslin waist bands, that pin about the abdomen and thorax, should be used. This make of band has no place during the long clothes period. Beginning with the short clothes, when creeping commences, a white petticoat may be added, and then both petticoats should be held by the broad bands, and suspended over the shoulder by the usual straps. In dressing a child with the garments just described, a convenience worth providing for is to have shirt, petticoat and dress all open in the back. In this way they can be nested together and all three slipped onto the baby as one garment, obviating the necessity of more handling or turning over. Often this maneuver is neglected, even when they are so made.

The question of ventilation and the taking of babies out of doors is another one often neglected by the doctor. Commonly the mother's discretion settles the question of the ventilation of a room, and the time a baby should be allowed in the open air. Just as the average mother will dress her baby too warmly, so will she seek to protect it from all fresh air, both by purposely neglecting to admit the air to the room and by refraining from taking the baby outdoors. Each year I am better satisfied that a baby, only a few weeks old, will not only stand, but will thrive on long exposure to winter temperature. I am sure that a child born any time in the winter can be promptly taken out of doors, where, in an average season, it may safely remain, awake or sleeping, from one to five hours. Recent writers tell us we need a low temperature in treating lung inflammations in babies, and startle us by giving some registers of the thermometer, which they have allowed in certain cases, but few of them urge with

sufficient insistence the importance of having the baby in the open air when well or only slightly ill.

Bottle fed babies may be kept out for hours at a time, being fed without returning them to the house. Mothers have assured me that their babies have been perfectly comfortable out of doors, with the thermometer much below the freezing point and that they were far less restless than when kept in the house. In answer to the objection which some will be sure to urge, that such exposure will lead to respiratory complications, I must reply that it positively does not in my experience. And not only that, but such a child has far less difficulties of the kind than one housed for the entire season. I have kept babies out for short periods when the thermometer stood considerably below 20°. Usually I should say, however, that 20° F. is about the lowest temperature to which we can safely expose the infant for any considerable length of time. It is needless to explain that the clothing must be quite sufficient, and due regard given to protection from the wind in sheltered places. It is also pertinent to add, that the cooler bathing suggested for the baby is essential as a safeguard against taking cold when the nursling is exposed to a low temperature.

Finally, may I say a word about handling young babies, protesting at the same time against indiscriminate tossing, hugging and kissing. As a rule no baby should be handled unless there is some good and sufficient reason for so doing. Few nurses and still fewer mothers seem to appreciate this. In bathing and dressing there need be but little moving of the child. One turning over fills all needs in undressing, another in washing, and a third in again putting on the clothes. A very little attention on the part of nurses and mothers can master this simple technique.

Never allow a baby to be awakened to be shown off. Attendants may be careless about this, and it is the doctor's duty to see that the rule is enforced. Prohibit most positively vigorous trotting on the knee and the still more reprehensible practice of tossing above the head. It may seem unnecessary to speak of these customs, but as long as they prevail they must be met. That they do prevail, to some extent, amongst the patients of all physicians, I am quite sure.

The dependent babe is entitled to our best efforts to protect it from all the promiscuous hugging, kissing and general

mauling to which it is so repeatedly subjected. Were no more harm done than to impair the child's digestion and temper, we ought to prohibit these practices; but unfortunately far graver results may ensue.

Now in recapitulation, permit me to call your attention to five points brought out in this paper, that they may be more firmly fixed in our minds, and more successfully used in practice:

First.—Have a more thorough and scientific method of investigation of all infants under our care and of all their surroundings.

Second.—Consider the bath a procedure worth careful thought and direction.

Third.—Make yourselves responsible for the proper dressing of the baby.

Fourth.—Personally supervise the ventilation of the baby's room and decide exactly how many hours should be spent out of doors.

Fifth.—Settle by rigid rules the amount of handling and frolicking that may be safely allowed.

Unless we have done all this we have failed in our duty.

## Correspondence.

### PALMAM QUI MERUIT FERAT.

12 Mt. Morris Park, West New York,

May 8th, 1906.

*To the Editor of the Journal of the Medical Society of New Jersey:*

DEAR SIR:—I read, with interest, your article on "Proprietary Medicines" in the current issue of the *Journal of the Medical Society of New Jersey*. You are in error, however, when you state that the movement to purify the medical press of the country started with the *California State Journal of Medicine*. The *California State Journal of Medicine* did a good deal, but it was the *Critic and Guide* that started the movement. This can be easily proven. Nor are you correct in stating that only the journals really owned by the State Societies, are independent enough and brave enough to attack the evil of nostrum advertising in the medical press. The *Critic & Guide* exposed and attacked this evil before any State Journal thought of doing so; and what is more, even now the State Journals are not as clean in their advertising as they should be. Three State Journals are still admitting the fraudulent Antikamnia into their pages and even the *Journal of the Empire State of the Union*—the *New York State Journal of Medicine*—admits ads. which the *Critic & Guide* would under no circumstances admit into its pages. Let us be fair, and let honor be given to whom honor is due.

Yours very truly,

WM. J. ROBINSON.

### CIRCULAR LETTER FROM THE ACTING PRESIDENT OF THE STATE SOCIETY.

DEAR DOCTOR:—As a result of the recent and unparalleled calamity which has fallen on the medical profession in California, particularly that of San Francisco, many members of our profession are in great need, the number in San Francisco alone being estimated at over 500, who have lost practically everything. In order that they may be able to resume their practice, it will be necessary for them to have help, and the best way to help them is to send them money.

New Jersey is anxious to do her part, and in order that each member of each County Society may have the opportunity, as well as the privilege, of contributing to so worthy a cause, this communication is addressed to you.

Contributions should be sent to the Treasurer of each County Society and by him sent to the Treasurer of the State Society, who will forward them to the proper person in San Francisco. Make your contribution as large as you can, and send it as promptly as possible.

Yours very truly,

ALEX. MARCY, JR.,

*Acting President.*

### A LETTER FROM DR. STROCK.

Camden, N. J., April 19, 1906.

*To the Editor of the Journal:*

SIR:—Now that the legislature has adjourned, with the pernicious osteopathic bill unreported from the committee to which it was referred, it is proper, through the medium of the *Journal*, to voice, what I am sure, is the sentiment of appreciation of the efforts of those to whom was assigned the duty of accomplishing this result.

Probably never in the history of the state has such a persistent and well-planned campaign been waged against proposed dangerous legislation, and to Dr. Luther M. Halsey and his colleagues on the legislative and auxiliary committees, thanks are certainly due for their untiring and self-sacrificing performance of a great public duty.

I am sure it is not improper, in this connection, to speak of the noble work of Dr. Edward E. Haines and his fellow-members of the committee on public health of the legislature, who resisted a pressure that only those in personal contact with this movement can understand.

Respectfully,

DANIEL STROCK.

### AN IMPORTANT LETTER FROM THE COMMITTEE ON LEGISLATION.

Williamstown, N. J., May 8th, 1906.

DEAR DOCTOR:—Last fall, when the committee on legislation attempted to get pledges from the several candidates for the legislature through the secretaries of the different county medical societies to support such measures as should be endorsed by the State Medical Society, and to oppose any osteopathic measure, which might be introduced at the coming session of the legislature, we were informed that the time was too short and that it would be utterly impossible to obtain such information and to get such pledges from the candidates for the legislature in behalf of or against any legislation which we, as medical men, might be interested in.

The Governor of the state and numerous mem-

bers of the legislature have informed the members of the committee on legislation that we were able to control certain legislation during the past session by the pressure which was brought to bear upon members of the legislature by physicians throughout the state. This was due to the organization and united efforts of the auxiliary committee on legislation and the profession throughout the state in bringing direct influence to bear upon the members and showing them it was their duty to heartily support such measures as were for the best interests of the state. While the committee on legislation are practically unanimous in their opinion that at the coming session of the legislature we must be prepared to offer some measure which will meet our views as to how far the osteopaths should be recognized, we are satisfied that if the profession is thoroughly well organized we shall be in a position to induce the members of the legislature to give more careful attention to suggestions emanating from us in the future than they have done in the past. We kindly refer you to the pledge asked of every medical man in the state and published in the April *Journal*. Have your county society thoroughly organized; bring in all the new members you possibly can; get them to work and, when the time comes, if possible, get pledges from the candidates for the legislature favorable to any legislation which we may decide upon. There are many physicians throughout the state who are not members of the county societies. The addition of 300 members to our county societies will give us an additional delegate in the American Medical Association, and will add additional strength to our state organization. Have your delegates to the State Society instructed to heartily support the report of the committee on legislation, as they are laboring with all their ability to keep up the high standard of medicine in New Jersey.

Do not forget the bill for the nostrum evil, as we propose to push this legislation more at the coming session than at the last. The committee on legislation are strongly in favor of employing an attorney, as we are thoroughly convinced that we are continually coming up against legal questions and we should have someone who is conversant with law to whom we can appeal at any time. We sincerely trust that you will bring these matters home to every member of your county society and ask his hearty co-operation in assisting the committee on legislation, as we are satisfied that if every man will feel that this is a personal matter, and he is directly interested in it, the legislature will be willing to listen to us and inclined to adopt any suggestion we may desire along these lines.

Very truly yours,

L. M. HALSEY,

*Chairman Committee on Legislation.*

**Extremely Long Pregnancy.**—J. Arthur Lamb gives an account of a case of pregnancy which lasted, dating from the last menstruation, 339 days; and dating from the last coition, 313 days. These data seem to be well fixed. The cause attributed by him was a cranial deformity of the fetus, interfering with prompt natural delivery, the exact nature of which is not stated, though it is said that the brain was exposed, giving the suggestion of a breech presentation. It would have been interesting, he remarks, to have known how long this case would have gone had not quin been given to cause uterine contractions.—*Journal A. M. A.*

## Book Review.

### DISEASES OF THE NERVOUS SYSTEM RESULTING FROM ACCIDENT AND INJURY.

By Pearce Bailey, A. M., M. D.

*Clinical Lecturer in Neurology, Columbia University, New York City. Consulting Neurologist to the Roosevelt, St. Luke's and Manhattan State Hospitals, Etc.*

New York and London. D. Appleton & Co., '06

Eight vol., cloth; 627 pages with 94 illustrations.

This book is an enlargement and revision of the author's treatise, "Accident and Injury in Their Relation to the Nervous System," which appeared in 1898. So much new matter has been added that its incorporation in the original volume was impracticable. Therefore the entire work has been recast. It has been printed from new plates. New illustrations have been added or substituted for the old ones, and a more comprehensive title has been adopted.

The style of the author is clear and concise. He makes no attempt at fine writing and is especially careful to avoid exaggeration on the one hand and ambiguity on the other. It is seldom that we have read a book which contains so few extra words as this one. Written largely as a manual and a guide to those seeking light on medico-legal questions, it succeeds, generally speaking, in conveying the information required in an easily assimilated form. In fact the author's manifest intention is to convey and to present a carefully considered and conservative opinion in regard to questions, which are from their nature involved and sometimes almost impossible of solution. He has no pet theories to exploit and no pre-conceived opinions to bolster up. It is to his judicial mental attitude and wide experience that his reputation in medico-legal matters is due. And to this already established reputation this book will surely add.

Doctor Bailey divides the book into an introduction and three parts, concluding with an extensive bibliography and an index of names and subjects.

We can spare neither time nor space to review this treatise as we would like to. We have been impressed particularly with the value of that portion of it which deals with the traumatic neuroses. The subjects of neurasthenia, hysteria and epilepsy, when resulting from injury or fright, have been particularly well handled, and are perhaps the most interesting part of the book. We note that Doctor Bailey does not hesitate to assert (page 115 lines 7 and 24) that tobacco is one of the causes of arterio-sclerosis. This is also the belief of Erb (see *American Journal of the Medical Sciences*, January, 1900; p 28) and is of so much importance that we wonder that it has not been more freely discussed. The book before us is well printed on good paper and is of a convenient size. The proof-reader has left a few errors to be corrected in a subsequent edition. As for example, in the 18th line on page 4, there is a grammatical error which is apparently due to the omission of some words (the meaning, however, is sufficiently obvious). On page 152 in the 10th line, the words "has drank" are used for has drunk.



# THE JOURNAL

OF THE

## Medical Society of New Jersey.

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**JUNE, 1906.**

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*Each member of the State Society is entitled to receive a copy of the JOURNAL every month.*

*Any one failing to get the paper promptly will confer a favor upon the Publication Committee by notifying them of the fact.*

*All communications relating to the JOURNAL should be addressed to the Committee on Publication, 794 Broad street, Newark, N. J.*

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### THE END OF VOLUME II.

This issue completes the second volume of THE JOURNAL OF THE MEDICAL SOCIETY OF NEW JERSEY.

We hope that our readers are satisfied with our efforts. The work of editing and preparing twelve issues of this paper has been far from light and yet it has been for the most part a labor of love. If the Society has been strengthened in any wise by our efforts, if the medical men in the State have gotten any closer together, if the cause of honest medicine has been advanced, if quacks and fakirs have been in any measure repressed, if brotherly feelings have been enhanced and better scientific work has been done through our efforts, we are content.

### THE 140th ANNUAL MEETING.

The excellent program of this meeting will be in the hands of every member of the State Society probably as soon as this issue of the JOURNAL reaches him. Everything promises the largest and most successful meeting in the history of the Society. If you have not already written to the Hotel Chelsea for a room for yourself and your good wife, do it by the next mail.

In the seventeen years since we joined the State Society we cannot remember any occasion when so much important business had to be attended to at any session as will come before the meeting this month. No man will do his duty to himself and his family if he fails to lend aid by his presence,

his influence and his vote to the proper solution of these important matters.

Never before were the responsibilities which rest upon the conscientious and progressive physician so pressing as they are to-day. Never before was there so much need of wise council and effective coöperation. Can you afford to shirk your obvious duty? Are you willing to forego all the pleasure and instruction which this meeting will afford? Certainly not. No pains have been spared to provide suitable entertainment and a good scientific program. Let every one, especially the younger members, make an especial effort to be present. It will be New Jersey's great medical gathering. New Jersey expects every man to do his duty.

### THE CALIFORNIA MEDICAL SOCIETY AND ITS JOURNAL.

Number 5 of Volume IV of the *California State Journal of Medicine* has come duly to hand. Its appearance is so meek and inoffensive that one would think that the life had gone out of the once truculent adversary of the "Great American Fraud" and the "Pharisee of the Medical Press." Such, however, is far from being the case. No one can read the little paper without feelings of sadness at the utter desolation which has overtaken the beautiful town that guarded the Golden Gate of the mighty Pacific. On the other hand no one can lay down the little paper without the profound conviction that courage, manhood, sagacity and perseverance can never die while Doctor Jones and his colleagues on the Pacific coast live. As he says, his editorial office is under his hat and this article of wearing apparel is about the only property which he was able to save from the devastation. But that hat covers a brain that has achieved already enough success to make many men envious and a heart that knows neither fear nor guile.

The June issue of his paper he promises will be of the regular size and garb. His humor by no means deserts him in his distress; as he suggests that some of the gen-

tlemen who wanted to sue his journal might go ahead and get a judgment on the smoke that still hangs like a pall over what was once the property of the paper.

He does not know where his stenographer is nor the whereabouts of the president of the California State Society. There are no typewriters left in San Francisco, nor is there a business house standing. He got out his "sadly abbreviated edition" in Oakland. Fortunately the advertising contracts, current vouchers, the account books, minutes of the Council, minutes of the House of Delegates and some miscellaneous papers have been preserved.

By an odd coincidence the State Society was holding its annual meeting—its semi-centennial—in San Francisco at the time of the earthquake and fire. Tuesday, the 17th of April, was the first day of the session. Nearly 300 members had registered, and the first day's business and scientific work had passed off so well that "everything promised an unusually harmonious and profitable meeting."

On Wednesday the 18th at 5.14.48 A. M. the earthquake occurred, followed by the numerous and, owing to rupture of the water mains, unquenchable fires. At 9.30 A. M. the president, the secretary and two of the members gathered on the steps of the wrecked Young Men's Christian Association Building and declared the Society adjourned *sine die*. There can be no question of the truth of Dr. Jones's remark that this session of the Society will "forever remain the one most generally remembered."

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#### HELP NEEDED.

Everything that can be used in a doctor's office: books, instruments, furniture of any description, will be doubly welcome to our afflicted brethren in San Francisco. We print elsewhere a letter which Dr. Marcy, our acting president, desires sent to every member of the State Society and which we hope will meet with a generous response from every one.

He who gives quickly gives twice. Now is the time to take action. No living man

could read the stirring appeal for help in the little edition of the California journal before us and not be moved to give every penny that he can afford to help our brethren who are so sorely distressed.

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#### PROCEEDINGS OF THE THIRTY-FIRST ANNUAL MEETING OF THE NEW JERSEY SANITARY ASSOCIATION.

This meeting was held at Lakewood last December, and judging from the neat pamphlet containing the printed report of the proceedings, good work was done.

The number of members in attendance is not given, nor, as it seems to us does the association take sufficient pains to disseminate the knowledge of its transactions amongst the public. In the United States the only efficient method of enforcing good sanitary legislation appears to be to raise the level of general intelligence until the people will demand better sanitation than they now have. The most effective method by which to raise this level of intelligence is probably by lectures and exhibitions. The tuberculosis exhibits which have been sent about the country have, in our estimation, done more good than any other means yet adopted in waking the people up to an active knowledge of the prophylaxis of this terrible disease.

So such bodies as the Sanitary Association should take more steps to spread sanitary knowledge. A prettily bound pamphlet distributed to the members and a few physicians and sanitarians throughout the state does not reach many people, nor evoke much interest. Unfortunately, like the medical profession, sanitarians, whenever they oppose special interests, are at a great disadvantage, for the latter have the subsidized daily press ready and willing to do their bidding, and the public, the audience, whom we wish to reach, never fully hears our side.

Fortunately there is much more general interest in matters of hygiene, including physical education, than formerly. If any one has anything worth while to say about

the physical inspection of schools or the proper training of a boat's crew, or the best trap to put in the plumbing, he can have a much larger audience than ever before, because the interest in these questions has grown tremendously and will continue to grow. More and better means must be devised for getting to the public such ideas as are expressed in a number of papers and discussions in the report before us.

We wish that the pamphlet could have a wider circulation.

### FEES FOR LIFE INSURANCE EXAMINATIONS.

We printed last month a notice that this important question will be brought before the house of delegates of the State Society at the meeting this month. We would suggest a symposium on the subject. It would be a splendid thing if Dr. McCormack could come and talk the matter over with us. He has written a letter to the *Journal of the American Medical Association* (published in their issue of May 5) in which he urges all physicians to "stand pat" and decline to accept the reduction in the fee for the examination for small policies which the companies are trying to force upon us.

Nothing could show more plainly the need of a better organization of all medical men on the one hand, and of the contemptuous attitude of all business men toward us on the other, than the inconsiderate way in which the companies proceeded to force this reduction of 40 per cent. of a fee, already sufficiently inconspicuous, upon the unfortunate doctor.

We quoted in derision the other day an extract from an editorial from our esteemed contemporary, *The New York Medical Journal*, as follows: "Business men commonly regard the doctor as little more than an amiable fool, where the investment of money is concerned." Certainly the great and haughty life insurance companies seem to share in this low estimate of our sagacity.

As Dr. McCormack points out, employers of labor would not attempt such high-handed methods with miners or bricklayers.

Why? Simply because labor is organized. Doctors are not. The former will stand for its rights and will insist on considerate treatment. The latter? Well, they have to take whatever they can get, and pretend to like it.

We shall hear many specious arguments if the mighty rulers of the insurance companies can spare time to argue with such humble beings as we, that this reduction is necessary for the sake of economy. Fudge! Every sort of manual labor; nearly every necessity of life; the work of clergymen, teachers, typewriters, hod-carriers and bell-boys, all now command higher prices than ever before, while doctors are supposed to gracefully submit to a 40 per cent. reduction.

This is a painful thought. A pitiable aspect of professional life. We shudder as we reflect upon the supposedly unanswerable argument of a president, or a medical director, we believe it was, of that marvel of honest and economical management, the Mutual Life Insurance Company of New York, who strove to silence the protest of one of our friends against this wholesale reduction in our fees by stating that 12,000 local examiners had already accepted the reduced schedule, and only 900 had declined to do so.

Brethren, this is too serious a matter to admit of levity. We are in a fair way to be crowded off the earth if we do not organize in our own defence and stand firmly upon our dignity and our rights. In the matter of life insurance examinations we are liable to sink into a position that would be ridiculous were it not pitiable. Let us come to the State Society meeting ready to take firm and well-considered action and then let us maintain our position at any cost.

Now is the time to stand together and to invite our brethern of the homoeopathic practice to unite with us as they have already so kindly offered to do in the matter of endeavoring to secure and maintain proper medical legislation in this state. Let us forget all former differences and petty jealousies and see whether we can do as well



in a business way by firm and united action as plumbers and carpenters have repeatedly shown that they can do.

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### THE SOCIETY FOR THE RELIEF OF THE WIDOWS AND ORPHANS OF MEDICAL MEN OF NEW JERSEY.

We print elsewhere in this issue an abstract of the twenty-fourth annual report of this organization, to which we invite the serious attention of every one of our readers. The experimental stage in the development of this society has passed, and it is now expanding on a solid basis of prosperity. The figures are in evidence to prove the truth of this assertion.

The members of the society and the profession generally throughout the state are to be congratulated upon the excellent condition of this worthy undertaking. We would not go so far as to say that any physician in New Jersey who declines to join this society, wrongs himself and fails in his duty to his colleagues. But we do say that he is neglecting to avail himself of an excellent business proposition.

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### WHY NOT HELP THE BUSINESS END OF THE JOURNAL?

In our issue of May, 1905, we called the attention of the committee of arrangements of the State Society to a suggestion which emanated from Doctor McCormack that manufacturers, publishers and others should not be allowed space to exhibit their instruments, remedies, books, etc., at the State Society meeting, unless these have been previously advertised in the JOURNAL.

That advice is just as good to-day as it was a year ago. It is a very small thing to ask of people who depend upon our good will and patronage for the business they do in this state, that they should show us the courtesy of helping support the JOURNAL, which is the property of the State Society, and which is devoted exclusively to the best interests of the members of the Society and needs the support of every one of them.

If whenever an agent or traveling salesman comes into any physician's office in this state he should be greeted with the question whether the house which he represents advertises in this paper, it might dawn on some of them that self-interest alone would indicate the obvious advantages which would accrue, if before asking our patronage, they would show that they wish to help along a clean journal that is making a fight for better organization, better laws, better education and the best good of the profession.

We urge each one of our readers to bear a hand and help us to increase the income of the JOURNAL and so lessen the draft which it makes upon the Society's treasury by insisting that those who wish favors from us should advertise with us.

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### NOBLESSE OBLIGE.

We gladly give space to a letter from Doctor William J. Robinson in our correspondence column which, in conjunction with certain printed matter, extracted from the *Critic and Guide* and elsewhere, convicts us of having conspicuously failed to give him the credit which he deserves for the part he has borne in the great fight against the nostrum evil.

If we have been equally remiss in regard to anyone else, we desire to humbly retract and to set ourselves right with these good men. We want their friendship and good will, and we do not for a moment want anyone to have the slightest reason to consider us unjust or ungenerous.

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### BIND YOUR JOURNALS.

We are willing to bind Volume II of the JOURNAL at the figures which we gave last year, viz:

- 1st. Full buckram. 40 cents per volume.
- 2nd. Leather back. keratol sides, 45 cents per volume.
- 3rd. Red morocco back and corners. keratol sides, 85 cents per volume.

The publication committee will be pleased to furnish missing numbers to complete broken sets as far as possible. Please com-

municate at once with Dr. Chandler, who will be glad to assist any one of our readers in getting his journals bound properly.

### Married.

**Dr. John Dayley Jones** was married on May 16 to Miss Ethel Weeks, daughter of Dr. Henry M. Weeks, Superintendent of the New Jersey State Village for Epileptics, and sister of Dr. David Weeks, of Trenton.

### Obituary.

**Joseph G. Weaver, M.D.**, Howard University Medical Department, Washington, 1899, died at his home in Newark, N. J., after a protracted illness, March 28, aged 41. He had formerly practised in Montclair.

**Onan B. Cross, M. D.**, Department of Medicine of the University of Pennsylvania, Philadelphia, 1878; a member of the Camden City and Camden County (N.J.) Medical Society, and of the Medical Society of the State of New Jersey; one of the visiting surgeons at the Cooper Hospital, died at his home in Camden, May 9, from cirrhosis of the liver, aged 55.

### State Society Notes.

In order that the names and addresses of the members of county medical societies may be correctly printed in the list for the coming year, it is requested that each member look for his own name as it appears in the supplements to the JOURNAL for July and September, 1905. If there is any error, send the correct name and address to Wm. J. Chandler, South Orange, N. J. It is also requested that the *first name be written out in full*. It is often difficult to decipher a written signature, unless accompanied by a printed card or letter head. *Please follow this suggestion.* W. J. C.

### THE TWENTY-NINTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH.

This document presents, like its predecessors, much interesting matter, and its recommendations deserve careful consideration.

The death rate for the state for the year 1904 was 17.14 per 1,000 inhabitants, which is the highest rate since 1896, when it was 17.90 per 1,000. The birth rate was also the highest since 1895. And the number of marriages per 1,000 of population was the highest since 1897, with the exception of two years. The present marriage law, requiring that both contracting parties, if non-residents, must obtain a license before they

can be married in New Jersey, has cut down the number of marriages in this state for the past seven or eight years.

Analyzing somewhat the figures presented under the different heads of the report, it is observed that the increase in the death rate is due chiefly to the increase of the mortality from the diarrhoeal diseases of children, although the deaths from nearly all the preventable diseases have increased over those of the preceding year. The number of deaths from the diarrhoeal diseases of children reached 2,423, which is \$20 more than the deaths from the same cause in 1903. The report attributes this increase to the alleged relapse in the methods of the dairymen and milk dealers. Such an increased mortality having occurred in spite of the comparative coolness of the summer seems to indicate an impaired milk supply due to "the boldness and cupidity of certain unscrupulous milk dealers," which have led them to return in some degree to the vicious practices, to which they were accustomed previous to the crusade against impure milk which began in 1893, and which resulted in the immediate reduction of the mortality among the infants of this state." The report continues: "Every milk dealer who has been caught violating the law has been prosecuted except in a few cases where the evidence has been insufficient to secure convictions." Additional legislation is required which will remove the obstacles, now being continuously and successfully employed, to prevent the imposition of penalties in cases where there has been no doubt that the milk has been adulterated. There were 231 suits instituted in New Jersey in 1904 for the sale of impure food and drugs, of which 176 were for the sale of impure milk. The total amount of fines collected and transmitted to the state treasurer was \$6,462.48.

There were 1,381 samples of milk examined in the state laboratory of hygiene at Trenton, of which 345 were found to be below the standard fixed by law, or about a quarter of those tested. It should be borne in mind, however, that no bacteriological examination of milk is required by law, as it certainly should be, and a minimum number of bacteria permissible to the cubic centimetre should be prescribed in all cases.

It is distressing to note the retrogression in the matter of the adulteration of milk in this state. It only shows, however, that the public are not yet fully awake to the importance of a proper milk supply. Greater efforts must be made on the part of all physicians and health officers to disseminate a knowledge of the dangers from impure milk, and public sentiment must be aroused to a point where the laws already on the statute books can be strictly administered. Health boards are far too lax in dealing with this extremely important question.

The success of the health authorities in certain communities in preventing the sale of bad milk makes it apparent to anyone that there is not so much need of better laws as of a better enforcement of those we have. Pure and wholesome milk will not be produced by ignorant and filthy dairymen, if unwatched and instructed, any more than the ten commandments will be strictly observed by dive keepers and gamblers without the correcting influence of efficient police supervision backed by an intelligent and alert public opinion.

The deaths from consumption in 1904, in New Jersey, reached the number of 3,670, which, while it is smaller in proportion to the total number of

deaths than for any year since 1879, except two, is the largest rate per 10,000 inhabitants since 1897, except for two years (1899 and 1900). For the years 1902 to 1904 inclusive, the mortality rate from consumption has been steadily rising in just the same proportion as the general mortality rate. For the years '01-'03 inclusive, the decade of human life from 20-30 has shown the largest number of deaths from phthisis; whereas, in 1904, the decade from 30-40 shows the greatest number of deaths from this disease.

Next to consumption, the disease having the largest number of deaths attributed to it in '04, is pneumonia, which claimed 3,486 victims, a figure larger both absolutely and relatively than for any year since the returns for pneumonia have been kept separately. It formed in 1904 almost 10% (9.88) of the total death rate as against 8.17% in '01.

The report says, "very little has thus far been accomplished in the way of preventing this disease, but the facts at present available indicate that thorough and frequent cleansing of the mouth is an extremely important sanitary measure, and that it may act as a prophylactic not only against pneumonia, but also against various other infections," which the report assumes to gain entrance into the body through the tonsils or the neighboring mucous membranes. It is recommended also that the sputa of those suffering from pneumonia be as carefully disinfected and destroyed as the sputa of consumptives, and that infected apartments should be purified (sic) after the removal of the patient.

Pneumonia is the great scourge of the extremes of life. In 1904, a larger number (465) of patients died during the first year of age than in any five years of life after the first. Between one and five years 451 children died of this disease. The rate then falls until 15 and then gradually rises with two or three insignificant fluctuations, until 60. Between 60 and 70, 413 persons died of pneumonia, and between 70 and 80, 328.

Infant mortality increased during '04, as already spoken of in the preceding discussion of the diarrhoeal diseases of children. The total number of deaths under five years of age for that year was 10,913, or 8.62 more per 10,000\* inhabitants than during the previous year; while measles, diphtheria and scarlet fever had each caused a larger proportion of deaths than in '03, the principal cause of the increased mortality was diarrhoeal diseases, as before stated, apparently due to infected and improperly handled milk.

The two towns in the state reported to have had the highest death rate of persons under five years of age, in '04, are Montclair and Passaic. The former's rate is given at 102.35 per 10,000, or over 1% of the total population and that of the latter is placed at 103.96 per 10,000. So far as the figures relating to Montclair are concerned they are misleading and call for explanation. There is in that town a foundling asylum which receives foundling infants from Newark and adjoining places. In 1904, there were 75 deaths of infants in this institution and in the Mountain-

side Hospital, who were non-residents of Montclair. So of the 161 deaths of persons under five years of age in that town, only 86 should have been charged to the town, and the percentage of deaths under five years of age, to the total number of deaths, should be 38.39, not 50.47. Furthermore, there were 20 deaths of non-residents in the Mountainside Hospital, Montclair, which receives patients from Bloomfield, Caldwell, Verona, Watessing and other adjacent localities, so that the total number of deaths charged to Montclair for that year should have been 224, not 319, and the deaths under five years per 10,000 inhabitants should have been 54.58, not 102.35, as was given in the table. It is quite likely that the figures for other towns should be corrected in a similar manner. At all events non-residents dying in institutions in any town should not be charged to the local death rate. Although in large cities the proportion would probably be too small to materially affect the result as it does in a town of the size of Montclair.

The deaths from cancer in New Jersey, in 1904, are slightly less than in 1903, although, with this exception, higher than for any year in 26 years. The mortality from acute rheumatism and from typhoid fever was less than in 1903. There were 58 less deaths from puerperal diseases and 121 less from whooping cough in '04, than in '03. Whereas, deaths from adult diseases of the brain, the heart, and kidneys combined reached the rate of 14.50 per 10,000, the highest rate in 26 years.

So far as the study of mortality of that year goes, the report of the State Board of Health for 1904 is not especially encouraging. Nearly all the diseases prevalent in this state showed an increased death rate.

There were in addition, 330 deaths from suicide, an increase of 16 over '03, 59 over '02, and 65 over '01. These figures show nothing remarkable, the ratio of self-murder to the increase of population not increasing very remarkably.

As to the birth returns, the report complains, as its predecessors have done, that these are not all turned in as they should be; but expresses the opinion that as better and more efficient health officers are appointed and put in charge of this work, the returns will become more accurate and complete.

The report on the state laboratory of hygiene is by R. B. Fitz-Randolph, director, and is for the year ending October 31, 1905. As in previous reports, an earnest appeal is made for more room, better facilities and an animal room with a sufficient stock of animals for the necessary investigations. It is not only that the state should take sufficient pride in good work to provide suitable means for these important investigations, but it is of the very highest importance for the welfare and health of the people of the state that this laboratory should be so equipped and maintained that the best possible work, both in routine investigation and in original research, shall be made possible in it.

By all means let these annual appeals, which the capable and earnest director of the state laboratory makes for an enlarged plant and better facilities, be heeded and his reasonable requests be acceded to.

The index to the volume is somewhat inadequate and the appearance of the report in May, '06, instead of May, '05, is to be regretted. Recommendations for sanitary improvements and advice to people in regard to their health seem a little tardy when eighteen months old.

\* A comparison of the figures in table 16, p. 25, and the chart on page 28, shows a number of discrepancies, including the 8.62 per 10,000 increase quoted above, which is not a correct result from the figures of table 16.



# AN ABSTRACT OF THE 24th ANNUAL REPORT OF THE SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN OF NEW JERSEY.

The board of trustees feel that with the growth of this society their responsibilities are increasing. The confidence felt in us is shown by another anonymous gift of \$50, making \$200 in all, from this modest benefactor. Mrs. Benjamin White, of Summit, has given \$230.

The permanent fund has been increased during the past year by almost \$1,000, which brings the total up to \$6,573.12. This sum earned \$215.38 in interest. The expenses for the year were \$110.75; \$724.25 has been paid to the beneficiaries of deceased members.

Drs. D. A. Baldwin, of Englewood; J. H. Martin, of West Hoboken; P. V. P. Hewlett, of Newark, and J. P. Henry, of Jersey City, members of this society, have died during the year. Four members have been dropped for non-payment of assessments. One has resigned, and nineteen new ones have joined. The total membership is now 302.

## SUMMARY OF TREASURER'S REPORT.

CR.		
Balance in bank May 1, 1906..	\$288.32	
Initiation fees, assessments and interest on funds in bank..	1,371.41	
		\$1,659.72
DR.		
Incidental expenses .....	\$110.75	
Estate of Dr. J. H. Martin...	230.25	
" " Dr. D. A. Baldwin...	224.25	
" " Dr. J. P. Henry...	200.00	
" " Dr. W. H. Risk, final payment .....	40.50	
" " Dr. J. W. Terry, final payment .....	10.50	
" " Dr. L. J. Gordon, final payment ..	18.75	
Transferred to permanent fund	429.50	
		\$1,264.50
Balance in bank May 1, 1906	395.22	
		\$1,659.72

## PERMANENT FUND.

Newark City Water Bonds (1922, 4's) present value...	\$1,785.00
Essex County Park Bonds (1915, 3.65's) present value	1,000.00
West Jersey and Seashore R. R. Bond, present value....	972.56
On deposit in Hoboken Bank for Savings .....	1,168.50
On deposit in Howard Savings Bank .....	879.60
On deposit in Franklin Savings Bank .....	797.42
	\$6,573.12

Amount of year's income from fund...	\$215.38
Donation from Mrs. Benjamin V. White	230.00
Donation from unknown friend .....	50.00

The committee appointed to audit the accounts of the treasurer, respectfully report that they have examined the bonds, bankbooks and vouchers and find the accounts correct in every particular.

(Signed),  
ARCHIBALD MERCER,  
C. F. UNDERWOOD,  
Committee.

# REPORT OF THE STATE SEWERAGE COMMISSION TO THE LEGISLATURE OF 1906.

This is an interesting and business-like document. The suggestions which it contains and the scientific spirit in which the report is conceived and drawn up, indicate that the important matter of the sewerage of this great state has been committed to a body of men intelligent enough to cope with the difficulties of the situation, which in many cases at least, are far from inconsiderable.

It appears from the report of the secretary that Mr. William T. Hunt, of Newark, who has been connected with the movement for a proper disposal of the sewage in the Passaic Valley since it has taken on a legal shape and has been a member of the commission from the first, has resigned. The resolutions of the commission expressing their regret at this action seem to be fully justified by the circumstances.

Beside the report of the commission as a whole, are the reports of the secretary, the treasurer, the bacteriologist, the chemist and a report by George W. Fuller, Esq., of New York, a consulting sanitary engineer, on "Shellfish Pollution." The document concludes with a carefully prepared table of sewerage statistics of the municipalities in the State of New Jersey. It is to be regretted that there is no index, although probably it was omitted to save expense. The paper of Mr. Fuller deserves commendation for its thoroughness and the clear and logical manner in which his facts are stated and his conclusions drawn. The main point of interest in the document is necessarily the disposal of the sewage now polluting the Passaic River. A special session of the legislature will be called by the Governor for next September to settle once for all, let us hope, this vexed question. The delay was caused, if we remember correctly, by the city of Paterson, which requested more time to prepare a set of plans and to consider more fully the most advantageous system upon which to handle this large and important enterprise.

We repeat our commendation of the report as a whole. It is one of the best state documents relating to the commonwealth of New Jersey which has ever come under our eye.

**The Regular State Examinations** for the medical license of New Jersey will be held at the Capitol, Trenton, Tuesday, Tuesday evening and Wednesday, June 19-20, '06. Candidates for the examination must file their applications with the secretary, Dr. E. L. B. Godfrey, on or before June 9th, '06. A high school diploma, issued after four years of study, or its equivalent, and a medical diploma issued after four courses of lectures of at least seven months each, are required for admission to the examinations.

**The New Jersey State Homeopathic Medical Society** held its annual meeting in the Assembly Chambers at the State Capitol, Trenton, on May 2. The following officers were elected for next year: President, Dr. Edwin DeBaun, of Passaic; vice-presidents, Drs. Ella P. Uppam, of Asbury Park, and C. F. Adams, of Hackensack; recording secretary, Dr. Carl H. Winch, of Newark; corresponding secretary, Dr. Alfred Drury, of Paterson; treasurer, Dr. R. F. Rohe, of Weehawken.

## News from the Counties.

### ATLANTIC COUNTY.

**Dr. Emory Marvel**, Atlantic City, entertained the board of directors of the Medical Club of Philadelphia at a dinner, May 5. After the dinner a reception was held at which many of the leading physicians of Atlantic City were present. Among those present were Drs. Wharton Sinkler, Edward E. Montgomery, L. Webster Fox, T. Chalmers Fulton, Edward L. Duer, James Van Buskirk, J. Gurney Taylor, Gwilym G. Davis, Wilmer Krusen and Louis H. Adler, of Philadelphia, and Dr. Harry Whitcomb, of Norristown.

### BURLINGTON COUNTY.

The Burlington County Medical Society held its regular quarterly meeting at "The Maplewood," Beverly, N. J., April 11, 1906. Dr. James Richardson, of Riverside, and Dr. Charles Dingee, of Burlington, were elected to membership. Dr. Marcy, of Riverton, chairman of the section on medicine, announced a symposium on tuberculosis. The following papers were read: "The Importance of the Recognition and the Treatment of the Early Symptoms of Pulmonary Tuberculosis." (*The pre-bacillary stage*.) Dr. William H. Martin, Bristol, Pa.; "The Management, including Treatment, of Pulmonary Tuberculosis." (*The Mixed Infection*.) Dr. George T. Tracy, Beverly, N. J.; "The Diagnosis and Treatment of Laryngeal Tuberculosis," Dr. F. G. Stroud, Moorestown, N. J.

Many interesting and practical points were brought out in the discussion. Dr. W. H. Iszard, the counselor of the fifth district, was present and made suggestions as to the proper attitude of the regular profession with special reference to contract practice. A committee of three was appointed to investigate contract practice in the county; also to suggest a schedule of fees for life insurance examinations. The society then retired to the dining hall, where an enjoyable social hour was spent. Humor and good cheer prevailed while the following toasts were given: "Organization," Dr. Alexander Marcy, Jr.; "The American Medical Association," Dr. L. M. Halsey; "Medical Society of New Jersey," Dr. Enoch Hollingshead; "Burlington County Medical Society," Dr. Stokes. The society adjourned to meet at Moorestown in June.

**The Board of Health of Riverton, N. J.** has organized with the following officers: President, Mr. J. C. S. Davis; treasurer, Mr. C. C. Rainhard; secretary and health officer, Dr. Alexander Marcy, Jr.

### CAMDEN COUNTY.

At the regular meeting of the Camden County Medical Society, April 25, a resolution was adopted urging the United States senators and representatives from New Jersey to bring about the passage, without amendment, of the Pure Food and Drug bill as passed in the senate. They also endorsed the action of the Medical Council to secure passage of a bill providing for a department of public health with representation in the cabinet. The following officers were elected: President, Joel W. Fithian; vice-president, Dr. Sylvan G. Bushey; secretary, Dr. Paul M. McCray; treasurer, Dr. A. Haines Lippincott; his-

torian, Alfred Cramer; committee of arrangements, Drs. Daniel Strock, H. F. Palm and Edward A. Y. Schellenger; delegates to the Medical Society of New Jersey, Drs. Paul M. McCray, Dowling Benjamin, of Camden, and William A. Westcott, Berlin.

### A BANQUET TO DR. GODFREY.

Dr. E. L. B. Godfrey, who spent the winter in California in quest of health and who left San Francisco two days before the earthquake, was tendered a planked shad dinner at Washington Park, Camden, on May 3, by his medical and other friends, nearly one hundred of whom were present to welcome the doctor home and congratulate him on his safe return.

Dr. Joel W. Fithian presided and Dr. Alexander McAlister acted as toastmaster. Dr. Fithian delivered an address of welcome and Dr. Godfrey responded feelingly.

Among other things he said: "I appreciate very highly the honor of this courtesy. The kindly remembrances of the City and County Medical Societies, the trustees and staff of the Cooper Hospital, the State Board of Medical Examiners, and of many of the friends surrounding this convivial board, were very grateful to me when I was ill and far from home; and I take this occasion to renew my thanks for your friendly messages of sympathy.

"Apart from my illness, I enjoyed exceedingly my winter on the Pacific coast. California, especially that part lying between San Francisco on the north and San Diego on the south, is a magnificent country—Magnificent in climate; magnificent in scenery, and still more magnificent in the hospitality of its generous people. The medical profession of California are keenly alert to the progress of the times. Their well-equipped hospitals keep them in touch with the latest advances in medicine and surgery. Their success, it is said, leads them to pray, 'Give us this day our daily tourist and we will find the bread.'

"But great as is the medical profession of California, none need be ashamed of the profession of New Jersey. Antedating all other states in the organization of their State Society, the profession of New Jersey has maintained its high character and reputation throughout its history of 140 years, and it stands to-day shoulder to shoulder with New York, Ohio, Indiana, Illinois, and other great states, in demanding high educational qualifications for admission to its ranks, through state licensure.

"Not alone for its high standard of medical practice has the profession of our state won golden opinions from the profession of this country, but also for the role it has played in sanitation, educational matters, law, arms and politics. In sanitary science, the profession of New Jersey has placed the state upon a basis unrivaled for the detection and prevention of the "great white scourge," tuberculosis. In the department of education, it has furnished a president for Princeton and a number of professors and lecturers for the medical colleges of New York and Philadelphia. In song, story and history, it gave to the world Abram Coles, the most distinguished poet-physician in America, except Oliver Wendell Holmes; the brilliant Thomas Dunn English, whose plaintive song, 'Don't You Remember Sweet Alice, Ben Bolt?' won fame on two continents, and the learned Isaac Mulford and Stephen Wickes, historians of their native state and of



their profession. In jurisprudence it has furnished justices of the Supreme Court and of the Court of Errors and Appeals. In arms, it has contributed both general and line officers for the state and nation. In politics, it provided a candidate for Vice-President of the United States; two of its members wore the senatorial toga of the nation; several served as representatives in Congress; one as a Governor of this state, and others as high state officials. Through its great hospitals and asylums, and the juxtaposition of the state to the renowned medical schools of New York and Philadelphia, the medical profession of New Jersey has kept abreast of the progressive and wonderful advances in medicine. There has been scarcely a discovery or invention in the United States that had for its object the prevention or amelioration of the ills of mankind, that has not sprung from the medical profession. There has been no advancement in sanitation affecting the interests of the national government, as in the case of epidemics, that has not originated in the medical profession.

"There has been no progress in New Jersey affecting the physical welfare of the state, either in the establishment of the State Board of Health, the State Asylums, the Epileptic Village, or the Sanatorium for Tuberculosis, that does not owe its birth and development to the medical profession.

"There has been no progress in the city of Camden in matters pertaining to the public health, such as securing the artesian water supply, a Board of Health and medical inspection of the public schools, that was not suggested and fostered by the medical profession. In all these progressive movements, the Camden County and the Camden City Medical Societies have stood as a solid phalanx, with battle flags unfurled.

"It may be said that these efforts were simply the duty of the profession. That is true; but it was a duty willingly executed at all times for the public welfare without counting the financial cost to the profession.

"I am proud to be a member of the medical profession. So are you. Wherever I have traveled, North, South, East or West, I have always found that the medical profession stands in the front rank of human endeavor and, in returning to my home, I am more and more impressed with the fact that the physicians of Camden county and city are among the very elect of the profession.

"Again I thank you, and assure you that your kindness and friendship have sunk deep into my heart."

#### ESSEX COUNTY.

There will be meetings of the Essex County Medical Society on the first Tuesdays of October and December, 1906, and February and April, 1907.

**Between \$400 and \$500** was realized at a bazar and supper given for the Babies' Hospital in Newark by the Auxiliary to the Guild of the hospital on April 4th.

**Dr. Francis R. Hausling** has been elected a member of the Executive Committee of the Princeton Club of Essex County.

**Dr. Earl Kobler**, of Montclair, has been appointed ambulance surgeon at St. Joseph's Hospital in Paterson.

**The Orthopaedic Hospital** in Orange received \$437 from the Paint and Powder Club. This was

the proceeds of a play, the "Island of Jalabaloo," given for the benefit of the institution.

**The Doctor's Club of Newark** held its first anniversary meeting May 7, at the office of Dr. Dios. The following officers were elected: President, Dr. James H. Lowery; vice-president, Dr. S. B. W. Leyenberger; secretary and treasurer, Dr. B. S. Van Dyke; councillors, Drs. C. F. Baker and Louis Koch.

**The Practitioners' Club of Newark** held their annual meeting and election on May 7th. Thirty-three members out of a total number of forty were present. The subject of the paper was the *Spirocharta pallida*, illustrated by lantern slides. The following officers were elected for the coming year: President, Charles F. Lehlbach, M. D.; vice-president, Frederick Webner, M. D.; secretary and treasurer, C. B. Griffiths, M. D.; reporter, Floy McEwen, M. D.; scientific committee, Drs. Disbrow, Carl Sutphen and Teeter.

A "**Dr.**" **George A. Soden** of Newark, was arrested and held in \$1,000 bail recently for sending threatening and defamatory postal cards through the mails. He was manager of a patent medicine concern and was accustomed to distribute the alleged medicaments on credit. If payment was not made at the stipulated time a postal card couched in language so violent as to constitute an infringement of the postal laws, would follow.

#### MIDDLESEX COUNTY.

The Middlesex County Medical Society met at Schussler's Café, New Brunswick, on Wednesday, April 18, Vice-President Janeway in the chair. There was a good attendance of members. Dr. Charles E. North, of New York city, and Dr. W. A. Clark, Councilor of the District, were present as guests. Dr. North gave a very interesting address on the importance of safeguarding the milk supply of our cities. The following officers were elected for the coming year: President, Dr. H. H. Janeway, of New Brunswick; vice-president, Dr. Edgar Carroll, of Dayton; treasurer, Dr. D. C. English, of New Brunswick; secretary, Dr. Alfred L. Ellis, of Metuchen; reporter, Dr. A. L. Smith, of New Brunswick; censor for three years, Dr. John G. Wilson, of Perth Amboy. Drs. A. C. Hunt and H. H. Janeway were elected delegates to the State Society. The physicians of the city of New Brunswick entertained the members of the Society at a most excellent dinner, for which the Society extended them a hearty vote of thanks.

#### SALEM COUNTY.

At the annual meeting of the Salem County Medical Society, May 10, the following officers were elected: President, Dr. Frank B. Husted; vice-president, Dr. Nathaniel S. Hires; secretary and treasurer, Dr. Henry Chavanne, of Salem.

#### SUSSEX COUNTY.

The annual meeting of the Sussex County Medical Society was held at the Cochran House, Newton, on Tuesday, May 8th. There was an unusually light attendance. The board of censors reported a Dr. Crane, of Beemerville, and Dr. Jacobs, of Sparta as not being legally registered. The secretary was instructed to correspond with them and ascertain the reason.



Dr. Joseph Hunt, of Green township, formerly of Brooklyn, N. Y., was elected an honorary member of the society. Dr. Hunt offered to present to the society his library of medical works, consisting of between two and three hundred volumes as a nucleus for a county medical library. A committee consisting of Doctors Hood, Morrison and Van Gaasbeek, together with the executive committee of the society, was appointed to devise means of establishing this library and then to confer with Dr. Hunt, at a meeting to be held at his home on the second Wednesday in September. Dr. Hunt had invited the members of the Sussex County Society to meet the members of the Warren County Society at this time. After discussing various interesting cases occurring in the practice of the members present, the following officers were elected for the ensuing year: M. D. Hughes, president; John Moore, vice-president; E. Morrison, treasurer; S. Voorhees, secretary; H. D. Van Gaasbeek, reporter; Bruno Hood, permanent delegate to State Society; M. D. Hughes, annual delegate to State Society; J. D. Coleman, essayist.

H. D. VAN GAASBEEK, Reporter.

#### NEW MEMBERS OF THE AMERICAN MEDICAL ASSOCIATION FROM NEW JERSEY.

H. D. Abbott, Bayonne; J. B. Cassady, Burlington; W. J. Condon, New Brunswick; R. H. Dingelstedt, Hoboken; W. B. Fayerman, Atlantic City; E. S. Fogg, Bridgeton; J. T. Fritts, Plainfield; F. W. Hagny, Newark; H. W. Ingling, Freehold; F. W. Lockwood, East Orange; P. A. Potter, East Orange; E. B. Rogers, Collingswood; Richard Schlemm, Town of Union; C. E. Sutphen, Newark; C. E. Teeter, Newark; G. E. Titus, Hightstown; H. A. Towle, Newark; Ambrose Treganowan, South Amboy; G. W. Vreeland, Paterson; F. C. Wolff, Hoboken.

#### PHYSICIAN TO TAKE PASTEUR TREATMENT.

Dr. William J. Börd, of Belvidere, secretary of the Warren County Medical Society, went to New York City last month for treatment at the Pasteur Institute. The doctor's pet dog went mad and had to be killed. The doctor, while not bitten by the dog, was afraid that some of the virus might have got into his system through an abrasion on his hand.

#### MOSQUITO BILL SIGNED.

The mosquito bill of Prof. John B. Smith, state entomologist, was signed by Governor Stokes April 22. The bill provides for an appropriation of \$350,000 for the drainage of mosquito marshes throughout the state, and for the removal of other breeding places of the mosquito. The work is expected to take a period of five years, and the legislature has decided that no more than \$70,000 shall be expended in any one year. Municipalities are expected to contribute a share of the expense, and state money is to be allowed in proportion to the amount of local assistance given.

#### An Entire Hospital Staff Resigns.

Drs. Agnew, Balleray, Johnson, McBride, Marsh and Parke have resigned from the visiting staff of St. Joseph's Hospital in Paterson on account of a disagreement with the sister at the head of the institution.

### Personal.

**Dr. Elmer Sherman**, of Newark, is vice-president of the North Jersey Alumni Society of the University of Pennsylvania, and Drs. Keim and Petry, of the same city, are members of the executive committee.

Dr. Francis De L. Gray, president of the Jersey City Board of Health, has resigned.

Dr. Walter A. Taylor, Trenton, has been elected a member of the medical staff of Mercer Hospital. At a meeting of the staff held recently Dr. William Elmer was elected medical director and president; Dr. William A. Clark, vice-president; Dr. Charles F. Adams, secretary and Dr. George H. Parker, registrar.

Dr. John H. Finnerty has been appointed a member of the Jersey City Board of Health for a term of three years, vice Dr. Joseph M. Rector.

Dr. Charles C. Phillips, Deerfield, who has practiced medicine in that place for fifty-two years, has retired and will remove to Pitman.

Dr. Harris Underwood, Woodbury, has been appointed to the house staff of Cooper Hospital, Camden.

Dr. O. A. Clark, Long Branch City, was chosen president of the Baltimore Medical Association.

Dr. James H. Hoffman has been appointed health commissioner of Jersey City, vice Dr. Gordon K. Dickinson, resigned.

Drs. Samuel E. Ewing, Leesburg, and George Spence, Vineland, are ill with diphtheria.

#### DISEASE OF AUTOMOBILLA.

"One motor, two nervous systems," is said to be the formula that applies sooner or later to him who rides in an automobile; so that it is a good thing perhaps that the motor is so far a pastime of the rich, to whom places like Hamburg and Aix are open. It has been observed by more than a few lately, though, that the motor omnibus conductor is becoming infected by the nervous irritability that seems to belong to this sort of locomotion. The civility, varied at most by occasional sarcasm at the expense of a tiresome passenger, to which the rider in cabs and rigs is accustomed, is being replaced by the motor conductors with impatience, if with nothing worse. It will be a great pity if the good-natured raillery of the omnibus vanishes from our streets. Humor, after all, is worth far more in life than the ability to get from one place to another in the quickest possible time.—*London Exchange*.

#### THE OLDEST PRESCRIPTION.

The oldest medical prescription in existence bears date of 4000 B. C. It was discovered in an Egyptian tomb, written on papyrus, and has been deciphered by an English professor. It bears evidence that it was intended for some bald-headed Egyptian and reads as follows:

	Parts.
Dog's paw (calloused part).....	I
Dates .....	I
Donkey hoofs .....	I

Boil the whole in oil and rub the scalp actively with the mixture.

The human race is divided into two classes: those who go ahead and do something, and those who sit and inquire, "Why it was not done the other way?"—*Dr. Oliver Wendell Holmes*.

# SUPPLEMENT TO THE JOURNAL

## OF THE Medical Society of New Jersey.

PUBLISHED EVERY MONTH UNDER THE DIRECTION OF THE  
COMMITTEE ON PUBLICATION.

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Newark, N. J., September, 1905.

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### OFFICIAL TRANSACTIONS.

Minutes of the Proceedings of the Medical  
Society of New Jersey at the 139th  
Annual Meeting, held at the  
Hollywood Hotel, West  
End, June 20th, 21st  
and 22d, 1905.

The one hundred and thirty-ninth annual meeting of the Medical Society of New Jersey was convened in the Music Hall of the Hollywood Hotel, West End, on Tuesday, June 20th, 1905, and was called to order by the president, Dr. Walter B. Johnson, of Paterson, at 11.50 A. M., as a MEETING OF THE HOUSE OF DELEGATES.

Dr. E. W. Hedges, chairman of the committee on credentials, reported that more than twenty delegates, representing four or more county societies, had registered, and consequently a constitutional quorum was present. He also stated that his committee had received credentials from three nominees for permanent delegates, presented by the counties of Atlantic, Burlington and Ocean.

On motion, the report was received and placed on file.

The following persons, whose names are taken from the registration book, were present during the sessions:

### FELLOWS.

Charles J. Kipp, John W. Ward, H. Genet Taylor, Elias J. Marsh, John G. Ryerson, O. H. Sproul, William Elmer, David C. English, J. D. McGill, C. R. P. Fisher, Luther M. Halsey, Henry Mitchell, E. L. B. Godfrey.

### OFFICERS.

Walter B. Johnson, president; Alexander Marcy, Jr., 2d vice-president; Edward J. Ill, 3d vice-president; E. W. Hedges, corresponding secretary; William J. Chandler, recording secretary; Archibald Mercer, treasurer.

### PERMANENT DELEGATES.

*Atlantic County*—W. Blair Stewart, Atlantic City; E. A. Reilly, Atlantic City; W. E. Darnall, Atlantic City; J. Addison Joy, Atlantic City; E. C. Chew, Atlantic City.

*Bergen County*—Henry C. Neer, Park Ridge; David St. John, Hackensack; Samuel E. Armstrong, Rutherford.

*Burlington County*—Enoch Hollingshead, Pemberton; Walter E. Hall, Burlington.

*Camden County*—Duncan W. Blake, Gloucester; Daniel Strock, Camden; Alexander McAlister, Camden; Harry H. Sherck, Camden.

*Cumberland County*—S. T. Day, Port Norris; Joseph Tomlinson, Bridgeton.

*Essex County*—Charles Young, Newark; Herman C. Bleyle, Newark; Joseph C. Young, Newark; William J. Chandler, South Orange; Edward J. Ill, Newark; George R. Kent, Newark; Daniel M. Skinner, Belleville; Richard C. Newton, Montclair; George A. Van Wagenen, Newark; James T. Wrightson, Newark; Peter V. P. Hewlett, Newark; Charles F. Underwood, Newark; L. Eugene Hollister, Newark; Charles D. Bennett, Newark; Robert G. Stahwood, Newark; Thomas W. Harvey, Orange; Aaron K. Baldwin, Newark; David E. English, Millburn; George B. Philhower, Nutley; Henry L. Coit, Newark; Theodore W. Corwin, Newark; Richard G. P. Dieffenbach, Newark; Edward Staehlin, Newark; Livingston S. Hinkley, Newark.

*Gloucester County*—George E. Reading, Woodbury.

*Hudson County*—J. A. Exton, Arlington; Jos. M. Rector, Jersey City; Frederick M. Corwin, Bayonne; George McLaughlin, Jersey City; Mortimer Lampson, Jersey City; T. R. Chambers, Jersey City.

*Hunterdon County*—Isaac S. Cramer, Flemington; W. S. Creveling, Valley; George N. Best, Rosemont.

*Mercer County*—David Warman, Trenton; Elmer Barwis, Trenton; J. C. Felty, Trenton; George H. Franklin, Hightstown.

*Middlesex County*—Ambrose Treganowan, South Amboy; F. M. Donahue, New Brunswick.

*Monmouth County*—Henry Mitchell, Asbury Park; D. McLean Forman, Freehold; Edwin Field, Red Bank; F. C. Price, Imlaystown; Cyrus Knecht, Matawan.

*Morris County*—Levi Farrow, Middle Valley; Cuthbert Wigg, Boonton; Britton D. Evans, Morris Plains; A. A. Lewis, Morristown.

*Ocean County*—C. L. Lindley, Lakewood.

*Passaic County*—W. B. Johnson, Paterson; P. A. Harris, Paterson; George H. Balleray, Paterson; John L. Leal, Paterson; C. H. Scribner, Paterson; Robert M. Curtis, Paterson; John T. Gillson, Paterson; Andrew F. McBride, Paterson.

*Salem County*—B. A. Waddington, Salem; Henry Chavanne, Salem.

*Somerset County*—S. O. B. Taylor, Millstone; J. P. Hecht, Raritan; A. L. Stillwell, Somerville.

*Union County*—E. B. Silvers, Rahway; T. H. Tomlinson, Plainfield; James S. Green, Elizabeth; N. L. Wilson, Elizabeth.

#### ANNUAL DELEGATES AND REPORTERS.

*Atlantic County*—W. P. Conaway.

*Camden County*—J. F. Leavitt, E. A. Y. Schellenger, Dowling Benjamin.

*Essex County*—J. R. English, W. P. Eagleton, Sarah M. Edwards, J. H. Clark, Linn Emerson.

*Hudson County*—N. F. Feury, Hamilton Vreeland, J. C. Parsons, E. H. Bull, H. H. Brinkerhoff.

*Mercer County*—M. W. Reddan, J. C. Craythorne.

*Monmouth County*—S. J. Woolley, G. H. Baker.

*Ocean County*—R. L. Disbrow, W. G. Schauf-  
fler.

*Passaic County*—J. C. McCoy, A. F. Alexander.

*Union County*—E. R. O'Reilly and F. W. Westcott.

*Warren County*—C. B. Smith.

#### ASSOCIATE DELEGATES.

A. W. Bingham, Harry E. Shaw, R. P. Rafferty, W. H. Murray, D. H. Oliver, D. D. Hendrickson, L. C. Osmun, James J. Reed, A. C. Hunt, J. A. Smith, E. D. Leidy, P. M. McCray, H. B. Slocum, S. Baruch, J. W. Smith, A. E. Carpenter, H. Vaughan, H. B. Rue, George C. Laws, I. S. Long, S. A. Helfer, Theodore Senseman, F. H. Todd, E. E. Worl, F. J. E. Tetreault, A. S. Corwin, T. P. Prout, F. D. Gray, I. H. Hance, E. Marvel, J. W. Bennett, D. E. Roberts, Floy McEwen, P. Marvel, F. W. Pimeo, H. T. Partree, E. E. Peck, E. M. Beach, A. A. Strasser, J. D. Lippincott, A. B. Russell, E. S. Sherman, J. E. Dubell, F. H. Demarest, J. W. Fithian, W. P. Melcher, S. G. Bushey, J. C. Albright, W. S. Washington, A. H. Lippincott, F. G. Stroud, F. J. Keller, G. E. Day, Joseph Stokes, Emma M. Richardson, J. B. Wainright, D. T. Millspaugh, R. R. Jones, H. E. Matthews, V. E. Bullen, J. C. Haines, W. R. Kimmouth.

#### HONORARY MEMBERS.

Alfred A. Woodhull, Princeton, and John A. Wyeth, New York.

#### GUESTS.

John B. Roberts, William M. Leszynsky, S. A. Knopf and William Martin.

The following permanent delegates were absent: D. A. Currie, R. H. Parsons, O. B. Gross, W. H. Iszard, W. A. Davis, W. S. Jones, Randolph Marshall, M. K. Elmer, O. H. Adams, Charles H. Bailey, T. S. P. Fitch, J. C. Applegate, J. H. Bradshaw, R. P. Francis, J. W. Read, T. Y. Sutphen, W. B. Graves, James Hunter, E. T. Oliphant, R. R. Rogers, T. H. Mackenzie, C. F. Adams, H. B. Costill, G. F. Wilbur, Samuel Johnson, David Stephens, I. W. Condict, James Douglas, Stephen Pierson, Calvin Anderson, F. E. Flagge, J. M. Stewart, M. A. Mackintosh, W. H. James, Mary E. Gaston, E. Morrison, H. D. Van Gaasbeek, A. Pettit, J. A. Coles, T. N. McLean, W. U. Selover, J. M. Reese and G. W. Cummins.

The following Permanent Delegates have been absent from two consecutive annual meetings: M. K. Elmer, J. C. Applegate, J. H. Bradshaw, R. P. Francis, J. W. Read, G. F. Wilbur, James Douglas, J. M. Stewart, M. A. Mackintosh, E. Morrison, H. D. Van Gaasbeek, T. N. McLean, W. U. Selover and J. M. Reese.

It was moved, seconded and carried that the reading of the minutes of the last annual meeting be dispensed with, and the proceedings as published in the October and November, 1904, issues of the JOURNAL be approved as the minutes of that meeting.

Under the head of "Business requiring early attention," the President suggested the election of permanent delegates, and asked for the names of the nominees.

The Secretary read the names as follows: Atlantic County nominates E. C. Chew, of Atlantic City, to fill the vacancy created by the death of B. C. Pennington. Burlington County nominates W. E. Hall, of Burlington, to fill the vacancy created by the death of J. Howard Pugh. Ocean County nominates C. L. Lindley, of Lakewood.

Dr. O. H. Sproul:—I rise to ask if there are any vacancies in these county societies. Under the constitution we can elect no permanent delegates until 1906, except to fill vacancies.

Dr. Chandler:—No question can be raised regarding the first two nominees. The Ocean County Society reorganized and was readmitted to this Society last year. It has had no permanent delegate. Every county society is entitled to at least one permanent delegate, and the application of Ocean County is considered in the light of filling a vacancy.

Dr. Walter B. Johnson:—The Secretary will proceed to cast the ballot for the Society for the gentlemen named for permanent



delegates. I will decide that this can be done unless there be some objection.

Dr. William Elmer:—Under the constitution, Article IV, Section 3, this cannot be done. (Read the constitution.)

Dr. Henry Mitchell:—Establishing a precedent of this sort might at some future date prove to be very troublesome.

Dr. Walter B. Johnson:—The objection of a single member is sufficient to make it impossible to proceed in this matter as I suggested. Therefore, we will proceed to ballot in the usual way. I will appoint Dr. Chambers and Dr. Eagleton tellers.

Dr. Chandler:—The tellers report that 35 votes have been cast—all in favor of the candidates named. I, therefore, announce that Drs. Hall, Chew and Lindley are elected permanent delegates of this Society.

Dr. Alexander McAlister, for the committee on business, reported that no business had been referred to the committee, and it had no farther report to make.

Dr. Chandler, for the Committee on Program, stated that the program itself was the committee's report. A copy had been sent to every person whose name was on the mailing list—about 1500 in all. A few complaints have been made that the programs are not received. This is due to two causes—first, the post office employees and physicians are not always as careful of third class mail matter as they might be, so that it is sometimes delayed or lost, or, when received, thrown away by the recipient; second, the names of new members are not forwarded by the county secretaries early enough to be entered on the mailing list when the envelopes are directed, so that new members and reinstated members do not always receive their copies. The report of the committee was, on motion, accepted and placed on file.

The Secretary announced, by request, that members having voluntary papers to present should confer with the Committee on Scientific Work, so that their papers, when accepted, may be announced by the Chair.

Dr. T. R. Chambers presented the report of the Committee on Scientific Work, as follows:

#### REPORT OF COMMITTEE ON SCIENTIFIC WORK, JUNE, 1905.

On the program you will see the work of this Committee. It looks favorable on paper and it is hoped the arrangement of papers may please. Reports were not received from all the counties, but from those at hand two suggestions crop out. The Newark reporter complains he was not ap-

pointed until the April meeting of his Society, and his report was asked for in May. This is a difficulty which ought to be met by having the reporter serve more than one year, or if he must be for only one year, let him be appointed for the following year and not the current year. Perhaps it might be well to suggest this to the County Societies.

In Camden County, the reporter states that the Society had a dinner and social in February in which the wives of the members participated. Attention is called to this innovation which the Committee on Scientific Work recommend for the consideration of each County Society.

The Committee calls attention to the necrology. In our report it is incomplete because we have not heard from all the societies. Some of the obituaries have appeared in the Journal and we call especial attention to that of Dr. Rogers, of Paterson, the oldest member of the profession in the State and probably in the world, in active practice at the time of his death. A full report has been published in the Journal. \* \* \* \* \* [The manuscript for a portion of this report has not been transmitted.—Secretary.]

Dr. Walter B. Johnson:—What has been said with reference to this contract business I think is a matter that should be taken up, not only by county but by State societies. I do not think that in the State of New Jersey there has been as much of this done as in some of the Eastern States, as Massachusetts or Connecticut. This has now got to be a very serious question and regular bodies have been formed for conducting this work. I, therefore, believe this to be a very important and serious question. Is there any discussion on the report of the committee?

Dr. Wm. J. Chandler:—There is one point that the Chairman of the committee has spoken of—the appointment of reporters. It was recommended one year ago that the reporters should be elected at the annual meetings of the county societies but should not enter upon their duties until the first of July following. That allows them abundance of time before the next meeting of this Society in which to make out their reports. Many are appointed in April or May but not enough time is thus given for them to collect the necessary data for their report. Every county society should so amend its by-laws that the reporter should begin his work on the first of July following his election.

Dr. T. R. Chambers:—Is it in order to vote on that? We have great trouble because the reporters cannot get the work done in the time allowed them. I wish to make the motion that the reporters of the component societies who are elected in April should be appointed to serve from July 1st following. Seconded.

Dr. Wm. J. Chandler:—I think that Dr. Chambers should state in his motion that it is the desire of the State Society that county societies change their rules in order that this may be done; then it would be in proper form.

Dr. Chambers:—I accept this modification of my motion.

Dr. Walter B. Johnson:—It has been regularly moved and seconded that the county societies be notified that it is the desire of the State Society that they should so change their by-laws that the term of service of the reporters should begin July 1st following election, and continue for a period of one year. Carried.

A motion to accept the report of the committee is now in order.

Dr. O. H. Sproul:—I move that this report be accepted. Carried.

## REPORT OF THE COMMITTEE ON HYGIENE AND LEGISLATION.

Dr. Chas. Young:—There has been great difficulty in getting this committee together. We have had one meeting, but we would like time for another session; therefore, I ask that this report be postponed in order that we may further consider this report. I move that we be allowed to make a report later in the day. Seconded. Carried.

## REPORT OF COMMITTEE ON PUBLICATION.

Dr. Wm. J. Chandler:—

*To the Medical Society of New Jersey:*

The work of the Committee on Publication during the past year has been much more arduous and quite different from that of previous years. This is due to a change in the method of presenting the papers and proceedings of the Society—the issuing of a journal in place of the old and familiar volume of "Transactions."

Soon after the close of the last annual meeting the Board of Trustees met in Newark and appointed an editor, Dr. R. C. Newton. The editing of the journal was placed in the hands of the Committee on Publication and an editor. On the ninth of August a contract (hereto appended) was made with Dr. Newton, by which he was to take charge of the literary department of the journal—the management of all other departments—business, finances, &c., was left in the hands of the Committee on Publication. The journal has appeared quite regularly on the first of each month, beginning with September 1st, 1904.

Both committee and editor were new to the work. Some errors have been made, and for the imperfections of several of the issues we crave the lenient criticism of our fellow members. The number of pages has been, from time to time,

increased. In appearance it compares favorably with the journals issued by the other State societies. The first number contained only thirteen pages of reading matter (outside of the membership lists) and two pages of advertisements, from five advertisers, representing an annual income to us of \$340.00. Our June issue contained fifty-six pages, of which thirty-six were editorials, scientific papers, news items, &c., and ten pages were occupied by thirteen advertisers, who contributed to our income at the rate of over \$1,100.00 per annum. There was, in addition, an eight-page supplement containing a complete index and a title page for the bound volume.

The expenses incurred in publishing and distributing the journal amount to \$1,206.03. We have received from advertisers and from the sale of publications \$588.84. The net expense of this method of journalizing our proceedings is about the same as that of issuing the bound volume of the transactions. During the coming year, if the journal is continued, the expense will be somewhat greater, as the number of pages will be constantly increasing and disbursements in other directions will be incurred. But these can probably be offset by increasing the number of our advertisers. The greater portion of the advertisements has been secured by personal solicitation on the part of the Committee on Publication. This is not an easy, and is often a most undesirable task. There are a number of departments not represented in our advertising columns—carriages, automobiles, summer hotels, winter resorts, sanatoria, &c., &c., advertisements of which could be obtained by a little thought and effort on the part of some of our members residing in the cities and larger towns of the State.

We have sought to admit only the best class of advertisers and have endeavored in every way to maintain a high ethical standard in this department of our journal. We approve of the course recently adopted by the Journal of the American Medical Association and shall be governed in accordance with the principles therein laid down.

Due consideration was given by the Board of Trustees in deciding on the size and shape of the journal. The present form was found to be that adopted by most of the State Societies, and is, for many reasons, the most convenient form for general use. Any change in size would be unwise and would destroy the uniformity of the bound volumes.

Complaints have been received from several sources as to the scant space accorded to obituary notices. We are in sympathy with this criticism. It touches the vital point of the question of journalizing. As one of the writers expresses himself: "It is the style of modern journalism to dismiss the dead with a short paragraph." While we cannot, in our limited space, admit long notices, and while we cannot collect them all together on an emblematic page, we shall endeavor to devote an appropriate amount of space to such tributes to deceased members as may be prepared by the county societies. Considered in all its phases, we believe that journalizing is the best form in which to present our proceedings, but we must be on our guard to check the invasion of journalism, especially commercial journalism, into the sacred haunts of our customs and traditions. It is one thing, and most eminently proper, to *journalize our transactions*, but it is an entirely different thing, and not always desirable,

to promote and establish a journal. The former is our main object, the latter is not essential and may or may not follow. If we rightly understand the wishes of this Society it has no desire to engage in the journal as a business venture. This involves too much strife and is liable to engender serious dissensions. So long as the Society controls its own journal and limits it to the journalizing of its transactions with the additional embellishment of dignified editorials, scientific papers, contributions from the county societies, and interesting news items, it is on safe ground. But when it launches out on the sea of commercial journalism, with its shoals of personal strife and professional jealousies it is in dangerous waters which are liable to be strewn with disastrous and unnecessary wrecks.

Almost from the very outset we were, by sickness, deprived of the assistance of one of our most valued members. Dr. Henry W. Elmer, for several years the chairman of the Standing Committee, was relied upon to very materially aid us, but his health compelled him to relinquish temporarily his literary and professional work.

One of the early duties of the committee was to obtain a reduction in the postal rates, by having the journal entered as second class mail matter. Other State societies have had great trouble, vexatious delays, and considerable expense before the post office authorities would grant them this privilege. Your committee took the matter up promptly and within three months satisfied the post office department that the journal was entitled to this concession in the rates. It cost the journal of the A. M. A. several thousand dollars before it was entered. Several of the State societies have spent many hundred dollars before they were admitted. We, therefore, feel that the Society is to be congratulated on its speedy success in this matter. We have saved thereby between \$250.00 and \$300.00 in our annual expenses.

In closing this report the committee makes the following recommendations:

1. That the Board of Trustees appoint three of its members as an advisory committee to assist the Committee on Publication whenever their counsels may be needed in deciding important or doubtful questions.

2. That it shall be the duty of the editor to attend the meetings of the Committee on Publication, and he shall be privileged to take part in the discussions.

3. That the contract already existing between the Committee on Publication and the editor be renewed for another year, except that Section 8 be stricken out and the following section substituted: It is hereby understood and agreed that the party of the second part is to receive five hundred dollars per annum for the service herein specified, and that he shall be allowed an amount not exceeding \$300.00 to defray necessary expenses, typewriting, &c.

4. That meetings of the Committee on Publication be held monthly for the consideration of all matters relating to the journal, and that doubtful or disputed questions be referred to the Advisory Committee, or, if necessary, to the whole Board of Trustees.

WM. J. CHANDLER,  
DAVID C. ENGLISH,  
*Committee on Publication.*

This agreement, made this 9th day of August, 1904, between William J. Chandler, D. C. English

and Henry W. Elmer, members of the Publication Committee of the Medical Society of New Jersey, parties of the first part, and Richard C. Newton, of Montclair, New Jersey, party of the second part, witnesseth that the said parties of the first part hereby accept the service of the said party of the second part as editor of the Journal of the Medical Society of New Jersey, a monthly medical periodical, which the parties of the first part are about to establish under authority given by the constitution of the Medical Society of New Jersey, it being clearly and definitely understood that the relations of the said party of the second part to said parties of the first part and to the said Journal shall be governed and controlled by the following conditions and specifications, to wit:

1. The parties of the first part will have full control and management of all of the business relating to the printing, mailing, advertising and all other matters in any way connected with the financial management of the said publication, including all contracts involving the expenditure of money.

2. There shall be no expenditure of any money for or on account of the said publication unless said expenditure be expressly and specifically ordered by the parties of the first part, nor until it shall be authorized in writing by the chairman of the said Publication Committee.

3. The general style of the said publication; the number of pages to be printed; the number of copies to be issued; the illustrations to be employed, and the date when each edition shall be published, will be controlled and directed by the said parties of the first part.

4. All employees, except the editor, whose service is required in preparing, publishing and issuing the said publication, will be employed and paid by the parties of the first part.

5. The party of the second part hereby agrees to conduct and take charge of the preparation and arrangement of the manuscript which is to appear in said publication. He will transmit to the printers on or before the date fixed by the said Publication Committee for such transmission, and he will read and correct all proof submitted by the printer. He will cause to be transmitted to the printer of said publication, from time to time, all of the transactions and proceedings of the Medical Society of New Jersey, which may be placed in his hands by the said Publication Committee, and also such additional announcements, notes and news items as said committee may forward to him for publication.

6. The said party of the second part further agrees to collect and prepare for the said printer such items of news relating to the State and component medical societies; to the medical profession at large; to the various branches and departments of medicine and hygiene and collateral sciences and arts and to all matters of general professional interest as may in his judgment be advantageous and useful to practitioners of medicine in New Jersey, and to also prepare such editorial articles and notes as he may in his discretion deem suitable and appropriate.

7. It is hereby agreed that all of the manuscript and matter for each monthly issue of the said publication shall be forwarded by the said party of the second part to the printer of said publication on or before the 25th day of the month.

8. It is expressly understood and agreed that



the party of the second part is to receive no compensation for the service herein specified.

9. This agreement will continue and be binding upon the parties whose signatures are here-to attached for a period of one year from the date hereof, *provided* that if the parties of the first part shall, at any time, be dissatisfied with the service rendered by the party of the second part, the parties of the first part may report the facts bearing upon the matter to the Trustees of the Medical Society of New Jersey, and said Trustees or a majority of them may terminate this agreement and discontinue the service of the party of the second part at once or at such time as they may determine. This agreement may also be terminated at any time by written notice signed by the party of the second part and served upon one of the parties of the first part.

It is also agreed and understood that the parties of the first part are to have access, at any time, to all manuscript and copy and to examine proofs thereof whenever they may so desire.

(Signed,)

RICHARD C. NEWTON.

WM. J. CHANDLER,

D. C. ENGLISH,

*Committee on Publication.*

Dr. Helfer:—I move that the report be received and the recommendations be adopted as read. Seconded.

Dr. McLoughlin:—I think that the thanks of the Society are due to those who have made this JOURNAL a success, and that they are to be congratulated for the results of their efforts. Lack of space given to obituary notices is comparatively a small matter when one considers what a small journal we have; but I am sure this will be rectified in the future. I think this committee should receive the thanks of the Society for their efforts.

Dr. H. Genet Taylor:—I move that the thanks of this Society be tendered to the Committee on Publication, and the editor, for the satisfactory manner in which the JOURNAL has been conducted. Seconded. Carried.

Dr. T. R. Chambers:—The labor of love carried on during the past year has been something phenomenal. It has been up hill work from the start. Complaints have been few. Last year it was a question whether the JOURNAL could live; but now it is in a state of active and healthful existence.

## REPORT OF COMMITTEE ON HONORARY MEMBERSHIP.

Dr. H. Genet Taylor:—As Chairman of this Committee on Honorary Membership I will state that no names have been presented, and, therefore, we have no report to make.

On motion, adjourned till 3 p. m.

## TUESDAY AFTERNOON SESSION.

The House of Delegates reassembled at 3 p. m. with Dr. Johnson in the chair.

Prayer was offered by the Rev. Elliott White.

## REPORT OF THE COMMITTEE ON ARRANGEMENTS.

Dr. Scudder J. Woolley:—This committee held a meeting about the middle of April and decided to hold the State medical meeting at the Hollywood Hotel, West End, Long Branch. The manager of this hotel was seen and arrangements made by which the members received board at the rate of \$3.50 per day.

Booths have been rented which yielded a total amount of \$200.00.

The manager of the hotel himself donated \$75.00 towards defraying the expenses of a vaudeville entertainment.

To-morrow afternoon a sailing party will be made up and proceed to Pleasure Bay where launches and sail boats will be procured for a sail down the Shrewsbury River.

To-morrow evening a first-class vaudeville performance will be given, to which ladies are invited.

A proper program has been procured for to-morrow's performance and \$500.00 raised towards defraying the expenses of the same. The expense will probably be about \$250.00 or \$300.00.

These two large panels and the 12 smaller ones were presented to our Society, and the committee advises that they be disposed of as the members of the Society see fit.

To-morrow morning Pach Bros., of New York, wish to take a group picture of the Society.

The committee recommend that in the future two members, who live in the town or city where the meetings are to be held, be appointed on the committee. This year I am the only member of the committee residing in the town; another lives in Red Bank, another in Freehold, another in Paterson, and it has been very difficult to get these members together. As a result, most of the work, in fact, all of it, has fallen upon the Chairman.

Dr. T. R. Chambers:—I move that the report be received, and that a vote of thanks be extended to Dr. Woolley for the work he has done. Seconded. Carried.

## ADDRESS OF WELCOME.

Hon. C. A. Francis, Mayor of Long Branch:—*Mr. President and Members of the Medical Society of the State of New Jersey*:—In behalf of the Common Council of the City of Long Branch I extend to you a hearty welcome to the city by the sea. When Dr. Woolley called upon me a few days ago and asked if I would be present to welcome you to our city, I hesitated for a moment for the reason that I have not been accustomed to addressing such august bodies of men as I have before me to-day. I consider it a great compliment, gentlemen, to receive such an invitation, especially as it comes from what I understand to be the oldest medical society in the United States. I consider it is a compliment to Long Branch to have you hold your convention within the confines of the city. In looking over this body of men I have no hesitancy in extending to you the freedom of the city and hope that your visit here may be a pleasant one.

Dr. Walter B. Johnson:—I am sure the Society has been very glad to hear the words of welcome extended to us by Mayor Francis, and they certainly appreciate the offer of the freedom of the city. I think, Mr. Francis, you can be reasonably safe in doing so, although I learn that there are several parties on their way here in automobiles who have been arrested in different towns for fast riding; therefore, we may call upon you for help sooner than you expect.

Hon. C. A. Francis:—In any trouble encountered in the city of Long Branch by members of your Society, you can rely upon me for all the assistance it is in my power to give.

ANNOUNCEMENT OF THE NAMES  
OF THE NOMINATING  
COMMITTEE.

Dr. Wm. J. Chandler read these names, as follows:

The Nominating committee is composed of the Fellows and of the following delegates, one from each county:

Atlantic County—E. C. Chew.  
Bergen County—H. C. Neer.  
Burlington County—E. Hollingshead.  
Camden County—Daniel Strock.  
Cumberland County—S. T. Day.  
Essex County—H. C. Bleye.  
Gloucester County—George C. Laws.  
Hudson County—Hamilton Vreeland.  
Hunterdon County—E. D. Leidy.

Mercer County—David Warman.  
Middlesex County—A. C. Hunt.  
Morris County—Cuthbert Wigg.  
Ocean County—W. G. Schaffler.  
Passaic County—R. M. Curtis.  
Salem County—B. A. Waddington.  
Somerset County—J. P. Hecht.  
Union County—W. H. Murray.

REPORT OF THE CORRESPONDING  
SECRETARY.

*To the Medical Society of the State of New Jersey*:

GENTLEMEN.—Your Corresponding Secretary reports that the Society has received during the past year transactions from the State of New York, Rhode Island, Florida, Iowa, Connecticut, New Hampshire, Texas, Indiana, Mississippi, Massachusetts, West Virginia, Virginia, and Minnesota. We have also received State Journals from the following: New York, California, Nebraska, Wisconsin, Missouri, Kentucky, Illinois, and Pennsylvania. These are preserved with due care for the archives of the Society.

Your Secretary has attended to such correspondence as has reached him, and barring the strenuous times when he has been receiving the autographs of the distinguished members of this Society, he reports a quiet and uneventful year.

Respectfully submitted,

E. W. HEDGES.

## REPORT OF THE TREASURER.

		DR.	
1904.			
June 7.	Sussex Co. assessment for 1904 .....	\$	40.00
	Ocean Co. assessment for 1904 .....		24.00
	Hunterdon Co. assessment for 1904 .....		58.00
	Dr. J. Taylor, committee arrangements for 1904 .....		27.50
" 110.	Essex Co. additional payment for 1904..		12.00
July 1.	Interest on U. S. 4% bonds .....		25.50
" 13.	Sale of U. S. registered bonds, \$2,550 par value .....	2,710.97	
	\$2,714.16; less commission, \$3.19.		
" 18.	Mercer Co. additional payment for 1904 .....		2.00
Aug. 1.	Interest N. Y. Cent. (Mich. Cent. Coll.) bond .....		17.50
Oct. 1.	Interest No. Pacific Grt. North. (C. B. & Q. Coll.) bond..		10.00
" 18.	Com. on publication for advertisements..		4.00
	Com. on publication for advertisements..		25.00
Nov. 18.	Com. on publication W. B. Warner, Journals .....		3.00
	Com. on publication Brentano, subscription .....		1.50
	Com. on publication Fairchild & Foster.		31.25
			\$2,992.22





Brought forward .....	\$4,490.28
May 16. W. J. Chandler, Com. Publication .....	112.04
W. J. Chandler, Recording Secretary..	86.50
	<hr/>
	\$4,688.82
Cash in Bank, June 15, 1904. .	\$4,013.39
	<hr/>
	\$8,702.21
\$1,000 bond No. Pac. Grt. North, C. B. & Q. joint 4s. cost. . . . .	\$ 972.50
\$1,000 bond Chicago & Alton, 3½s. cost. . . . .	786.25
\$1,000 bond N. Y. Central, Mich Central Coll. 3½s. cost. . . . .	912.50
	<hr/>
	\$2,671.25
	<hr/>
	\$11,373.46
ARCHIBALD MERCER, <i>Treasurer</i> .	

Dr. T. R. Chambers moved that this report be received and that it should take the usual course. Seconded. Carried.

## REPORT OF COMMITTEE APPOINTED TO DISPOSE OF BONDS.

### *Mr. President and Members of the Society:*

The committee consisting of the Treasurer, A. Mercer, and Drs. W. B. Johnson and T. R. Chambers, report as follows:

\$2,550 in U. S. 4% registered bonds were sold for \$2,714.16, less commission ⅛% making sum .....\$2,710.97  
The committee made the following investment:

One \$1,000 bond, No. Pacific and Grt. North, Chicago, Burlington & Quincy joint 4s. 97¼ .....	\$ 972.50
One \$1,000 bond, Chicago & Alton, 3½%, 78½ .....	786.25
One \$1,000 bond, N. Y. Cent. Michigan Central Collateral 3½%, 91¼ .....	912.50
	<hr/>
	\$2,671.25
Com. ⅛% .....	3.75
	<hr/>
	\$2,675.00

ARCHIBALD MERCER, *Treasurer*.

Dr. O. H. Sproul:—I move that the report be received and that the committee be discharged with thanks. Seconded. Carried.

## REPORT OF THE RECORDING SECRETARY.

### *To the Medical Society of New Jersey:*

GENTLEMEN.—One of the distinctive features of the Medical Society of New Jersey is the creation of a special order in its membership, called Permanent Delegates, established in 1892 (when the first delegates were elected.) Additions have been made to the membership at intervals ever since, until at the beginning of the current year we had on our roll of permanent delegates one hundred and twenty-eight names. During the past year four have died—Dr. B. C. Pennington, of Atlan-

tic county; Dr. J. H. Pugh, of Burlington county; Dr. W. H. Newell, of Cumberland county; Dr. Romeo Chabert, of Hudson county, and Dr. P. B. Punyee, of Monmouth county.

The counties of Atlantic, Burlington, Ocean and Hudson are entitled to present nominees to fill the vacancies in their delegations, but the quota of Cumberland county, being already in excess of its constitutional limit, a nominee for permanent delegate from that county cannot be entitled to election until the disproportionate representation shall have ceased to exist.

Atlantic county presents the name of Dr. E. C. Chew, of Atlantic City. Burlington county presents the name of Walter E. Hall, of Burlington. Ocean County presents the name of C. L. Lindley, of Lakewood. These nominees were elected during this morning's session. Hudson county has not selected any nominee.

The following permanent delegates have been absent from two successive annual meetings: D. A. Currie, Bergen county; Randolph Marshall, Cape May county; George A. Van Wagenen, Essex county; G. N. Best, Hunterdon county; I. W. Condict, Morris county; M. A. Mackintosh, Passaic county, and E. Morrison, Sussex county.

Drs. George A. Van Wagenen and G. N. Best have presented excuses satisfactory to the Council, and their names are retained on the lists.

Drs. D. A. Currie, Randolph Marshall, I. W. Condict, M. A. Mackintosh and E. Morrison presented no excuses. Their names are therefore dropped from the roll.

These corrections being made we have now on our list of permanent delegates 122 names.

Next year being the appointed time for the election of permanent delegates, the following counties, provided they maintain their present membership, will be entitled to select nominees: Bergen, three; Cape May, two and Hudson seven. It is possible that some of the other counties may so materially increase their membership that they may be entitled to select additional delegates, but the probabilities are that they will not.

Last year our society reported 1,158 names on its roll of membership. This year we have increased that number to 1,213, a gain of 55 members. Nine counties have lost in membership, and twelve have reported gains. The losses are largely due to delinquencies—the county membership is as large as hitherto, but many members have failed to pay their dues within the appointed time. This is unfortunate as their names will not appear in the official printed list of the Society. Of the societies reporting gains, Essex takes the lead. While she has lost a number by death and by delinquencies, she has also reinstated old delinquents and has elected thirty new members and makes a net gain of twenty-nine over her membership of last year. This represents a percentage gain of twelve and one-half per cent. But Essex is not the only county reporting gains. There has been a shaking of "dry bones" in other parts of the State and, while the totals are not so large, the proportionate increase is much greater. Warren county, which for the past fifteen years has quite regularly reported its twenty or twenty-one members, now suddenly jumps up to twenty-six, a gain of about twenty-nine per cent. Bergen, too, moves from forty-four to fifty-one members, a gain of over eighteen per cent. Salem keeps pace with Bergen, and Union falls a little below Essex. We have thus reason for congrat-

ulation in our steady progress, and encouragement to hope that in the coming year we shall bring in all the delinquents and a still greater number of new members.

At the last meeting of this Society the Recording Secretary was empowered to have new and more durable charters prepared to take the place of those issued in 1903 and 1904. This has been done and a charter very handsomely engrossed on parchment has been duly signed, sealed and forwarded to the Secretary of each County Medical Society.

There is a matter which seriously interferes with the reports of the Treasurer and Recording Secretary of this Society, which embarrasses also the work of the Treasurer and Secretary of each County Society and which concerns primarily each individual member of the whole State Society. It is a chronic difficulty, very easily avoided, and yet perpetually existing. I refer to dilatoriness, which often amounts to delinquency, in the payment of annual dues. The individual member probably does not realize that his indifference and delay in this respect greatly annoy his County Secretary and Treasurer, who in their wish to make a good showing for their County Society wait for him and his procrastinating companions, in the treacherous hope that a few more names may be added to the list. These good natured officials are tempted to withhold their reports to the officers of the State Society, even until after the time appointed therefor. They thus jeopardize the standing of their whole County Society. This is such a serious matter that if many of the county societies were derelict in this respect, it would be liable to invalidate the proceedings of the whole State Society.

Last year we had a long discussion on this subject. One county society, whose excuse was "misunderstanding of the requirements of the by-laws," was temporarily suspended, and reinstated only by the generosity of one of its members, who advanced the amount of its annual assessment, after which the House of Delegates voted to remove the disability.

This year there have been so many delinquencies in sending reports that you will pardon me if I ask your especial attention to the provisions of our by-laws on this subject.

Chap. I. Sec. 2. "The secretary of each component society shall furnish to the recording secretary of the Medical Society of New Jersey, at least one month before the annual meeting," (not ten days, nor twenty days, nor thirty days, but *at least one month* before the annual meeting). Furnish what? Four things. (1) "a certified roster of its total enrolled membership." This is not merely a list of those who have paid their dues, but is a list of every name the secretary has on his roll, delinquents and all. (2) "a list, as complete as possible, of all non-affiliating physicians in the county."

This means a list of all the regular physicians in that county who are not members of some component society in this State and includes also the names of all homeopaths, eclectics, osteopaths or of any one who attaches the title of "doctor" to his name. I am well aware of the difficulty of compiling a complete list of this kind, especially in the counties containing the larger cities, but a beginning can be made and the list made more perfect each year.

(3) "A list of its officers, annual delegates and

reporters." This requirement is almost invariably attended to.

(4) "Also a list of the members who have paid their assessments and are otherwise in good standing, which latter list shall be *prima facie* evidence of their right to register at the annual meeting, and shall form the basis of representation for the component society."

Three of these lists could be combined in the first list by adding the official titles to the names of officers and by prefixing a star or a cross to the names of delinquents. The other list "of non-affiliating physicians" must be entirely distinct.

Now let us turn to Chap. XII, Sec. 1, (second sentence). "At least one month before the annual meeting of the Medical Society of New Jersey, the treasurer of each component society shall forward to the Treasurer of this Society the amount of its assessment, with a list of the members who have paid their assessments and are otherwise in good standing." This section plainly requires that the assessments must be paid in to the Treasurer of the State Society *at least one month before the annual meeting* of this Society.

The penalties attaching to the non-fulfillment of these requirements are found in Sec. 2 of this same chapter: "Any component society which fails to *pay its assessments* or to *make the reports* as required in this constitution and by-laws, shall be held as suspended, and none of its members or delegates shall be permitted to participate in any of the business or proceedings of the Society (unless the disability be removed by the House of Delegates) until all requirements have been satisfied."

These sections certainly mean that each County Secretary must send in lists indicating four distinct classes; that the treasurer of each County Society must send the amount of its assessment with a list of those who have paid their assessments, and that both secretary and treasurer of county societies must send these reports in at least one month before the annual meeting of this Society.

The requirements are here very clearly and concisely stated. No one questions but that reports must be made and assessments paid at some time. The time fixed in these by-laws was not a mere matter of chance or caprice, but was only determined upon after considerable discussion and mature deliberation. The Treasurer requires time to adjust his accounts. The Recording Secretary, after receiving the lists, must go over them carefully, compare them with previous lists, make the necessary changes in names and addresses, change the lists of officers, re-arrange the alphabetical order, frequently having to send back to the County Secretary for additional information as to the orthography of names or streets and, finally, he has to compare his list with that of the Treasurer of the State Society to see that they agree, and where there is a disagreement a still further correspondence is required to adjust the discrepancy. One month is a short time in which to accomplish this. It is quite important that it be correctly done as the printed list forms the basis of the mailing list of the Journal. All members who pay their dues are entitled to receive the Journal without any additional charge. The custom in some county societies of changing their Secretary every year is one cause for the delayed reports. The new Secretary is likely to be unfamiliar with his duties and is unaware

of the requirements of the State Society. He fails to send in proper reports at the proper time and his society is in disfavor thereby.

I trust that I have not wearied you with these details; my only object is that each one may clearly understand the provisions of the laws we have adopted. They are wisely framed and so long as they exist we should live up to them. If we cannot do so, let them be repealed.

WM. J. CHANDLER,

*Recording Secretary.*

Dr. T. R. Chambers:—I move that the report be received and that it take the usual course. Seconded. Carried.

## REPORT OF THE BOARD OF TRUSTEES.

June 7, 1904. At a meeting of the Board of Trustees, in Hotel Chelsea, Atlantic City, it was ordered that a committee be appointed to obtain information as to the probable expense of issuing a Journal, and to report to the Board at as early a date as possible. The members of the committee on publication, Drs. Chandler, English and H. W. Elmer, were appointed as such committee.

July 6, 1904. The committee reported to the Board of Trustees that estimates had been received from five printing houses, giving the amount of each. After discussion it was resolved to publish a monthly Journal and the form, style, number of pages, etc., were referred to the Committee on Publication to decide. The editing was left in charge of the committee and editor. Dr. R. C. Newton was appointed editor. The Committee on Publication was authorized to appoint an assistant editor, and they were also authorized to employ clerical and other help, if necessary, to an amount not exceeding \$500.00. Dr. D. C. English was elected permanent Secretary of the Board of Trustees. Drs. Kipp and Marsh were appointed to wait upon Dr. Mercer and obtain his bond as Treasurer.

June 19, 1905. Dr. Kipp reported that the committee had received and approved the bond of the Treasurer, Dr. Mercer.

The Treasurer presented his annual report which was accepted and referred to Dr. C. R. P. Fisher and Dr. H. Genet Taylor as an Auditing Committee.

On motion of Dr. Kipp it was recommended to the House of Delegates that the Society offer a prize of \$100.00 the coming year for an essay on "The Etiology, Symptoms, Pathology and Treatment of Pneumonia," and that the President be authorized to appoint a committee of three, who should have charge of the matter, act as judges and report their award at the next annual meeting.

The Board, on motion, recommend to the Society that the per capita assessment of the members of the component societies for the year 1906 be one dollar.

The Board of Trustees met in the Hollywood Hotel Monday evening, June 19, 1905, and unanimously adopted the following resolutions:

1. That the Board of Trustees appoint three of its members as an Advisory Committee, to assist the Committee on Publication whenever their counsel may be needed in deciding important or doubtful questions.

2. That it shall be the duty of the editor to attend the meetings of the Committee on Publication, and he shall be privileged to take part in the discussions.

3. That the contract already existing between the Committee on Publication and the Editor be renewed for another year, except that Section VIII be stricken out and the following section substituted: "It is hereby understood and agreed that said party of the second part is to receive five hundred dollars per annum for the service herein specified, and he shall be allowed an amount not exceeding three hundred dollars to defray necessary expenses, typewriting, &c."

4. That meetings of the Committee on Publication be held monthly for the consideration of all matters relating to the Journal and that doubtful or disputed questions be referred to the Advisory Committee, or, if necessary, to the Board of Trustees.

June 20th the Board met and appointed the following Advisory Committee of Three: Drs. Henry Mitchell, William Elmer and John W. Ward.

Dr. T. R. Chambers:—I move that the report be received and the recommendations adopted. Seconded. Carried.

## REPORT OF DELEGATES TO AND RECEPTION OF DELEGATES FROM OTHER SOCIETIES.

Dr. Luther M. Halsey:—The delegates to the American Medical Association were all present last year, but there is nothing to report that affects the interests of this Society. I was glad that we succeeded in electing a fourth vice-president of the American Medical Association. More attention should be paid to the election of alternates as well as to the election of delegates to the American Medical Association, a thing that has been much neglected at the last two meetings. Consequently there are no alternates at the present time and I suggest that they be appointed to-day.

Dr. Wm. J. Chandler:—Dr. Halsey probably forgets that alternates were elected at the last meeting. These alternates are unable to serve. Therefore, to-day we should elect men to take their places.

Dr. Wm. J. Chandler:—I move that the name of Dr. E. Hollingshead be presented as alternate in place of Dr. Marsh. Seconded.

Dr. Luther M. Halsey:—I move that the name of Dr. Alexander Marcy be presented as alternate in place of Dr. Kipp. Seconded. Carried.

Dr. T. R. Chambers:—I move that the name of Dr. S. A. Knopf be referred to the Committee on Honorary Membership. Seconded. Carried.

Dr. Chandler:—There are other delegates who have signified their intention to make



reports. I move that their reports be referred to the Committee on Publication. Seconded and carried.

The following is the report of the delegate to the New York State Society:

*To the Medical Society of New Jersey:*

Your delegate desires to state that he attended the meeting of the New York State Medical Society, held in Albany, January 31st to February 2nd, 1905, it being their ninety-ninth annual meeting.

All the papers read were of high order and full of interest, especially those on prostatic diseases and their treatment. This discussion alone amply repaid him for his visit.

Dr. W. S. Bainbridge, of New York, exhibited a patient who had carcinoma of the tongue, and from whom he had removed the whole tongue, the entire floor of the mouth, a portion of the larynx and most of the lymphatic glands of the neck. The patient has made a complete recovery (now over one year since the operation) is able to eat, talk and move all the muscles of the neck and appears to be in perfect health.

The banquet on the evening of the second day is always a marked feature in the entertainment of this Society, and was this year distinguished by bountiful hospitality and an abundance of good speaking. The causes which disrupted this Society many years ago have ceased to exist and the two societies are amicably arranging the few legal barriers which still separate them. It so happened that your delegate met with them at the time of their separation and he was especially pleased to be with them again when they are practically reunited.

Respectfully submitted,

ELIHU B. SILVERS.

Dr. Luther M. Halsey:—I move that Dr. John B. Roberts of the Medical Society of the State of Pennsylvania be invited to sit with us and take part in the discussions. Seconded. Carried.

### GENERAL SESSION.

The first paper, entitled "Therapeutic Agents of Animal Origin," was presented by Dr. George E. Reading, of Woodbury. It was discussed by Drs. Halsey, Schauffler, Wigg and Reading.

The readers of the other papers for the afternoon programme being absent, their presentation was deferred until the close of the session.

On motion, adjourned until 8 P. M.

### TUESDAY EVENING.

#### MEETING OF THE SOCIETY IN GENERAL SESSION.

The annual address of the President was the first paper of the evening and was presented by the President, Dr. Walter B. Johnson, of Paterson. The subject was "The Proof of the Existence of Amblyopia Ex Anopsia in Strabismus."\*

Dr. C. J. Kipp:—I move a vote of thanks for the President's able address and request that it be printed in the transactions. Seconded. Carried.

Dr. Walter B. Johnson:—It has been moved and seconded that Dr. Charles P. Noble, of Philadelphia, be invited to take part in the discussions. Carried.

"The Trained Nurse and the Doctor—Their Mutual Relation and Responsibilities,"†† was the subject of the address by the Third Vice-President, Dr. Edward J. Ill, of Newark, and was read by him.

The oration in surgery was delivered by Dr. Frank D. Gray, of Jersey City, on the subject, "Surgical Diagnosis."††

"Difficulties in the Diagnosis of Abdominal Conditions,"‡ was the subject of a paper by Dr. Richard P. Francis, of Montclair, and was read by Dr. R. C. Newton.

The paper was discussed by Dr. J. A. Wyeth, of New York.

### SECOND DAY, WEDNESDAY, JUNE 21ST. MORNING SESSION.

Permission was granted to Dr. Philip Marvel to present the report of the Councillors at this time.

#### REPORT OF THE COUNCILLOR FOR THE FIRST DISTRICT.—SUSSEX, WARREN, MORRIS AND ESSEX COUNTIES.

I would respectfully report that all of the societies of this Councillor District have completed the reorganization required by the new constitution.

I have attended meetings of the Essex, Morris and Warren societies.

In Morris and Warren the subject of contract work of societies was proposed for consideration.

In Morris there is little, if any, contract work. In Warren, however, the subject is one of practical importance. In that county they have had for many years contract work with the various industrial interests of the county, and it has never been considered derogatory to the standing of a physician to take such contracts; and those who have taken them have felt that this was the only way in which remuneration for work done among the operatives could be collected.

The question is raised, if the State Society takes a decided stand against contract work for fraternal orders, what will be its position as regards contract work for mining and other industrial companies?

THOS. W. HARVEY,

*Councillor First District.*

\* This paper was printed in the July number of the JOURNAL.

† These papers will be published in subsequent issues of the JOURNAL.

†† This paper was published in the August number of the JOURNAL.

## REPORT OF THE THIRD DISTRICT.

April 6th, 1905.

*Philip Marvel, M. D., Chairman Judicial Council,  
Medical Society of New Jersey:*

DEAR DOCTOR.—The undersigned, Councillor for the Third Councillor District, desires to report, that he has visited all of the County Medical Societies in his district, and that he has found them all in a very satisfactory condition. A growing tendency toward the elevation of the medical profession, by raising the standard of education, as well as the elimination of all unethical and irregular practices, was noticeable everywhere. The Mercer County Society has taken decided steps against the so-called "Contract System," more by mutual agreement than by the adoption of any by-laws. The entertainment programs in the meetings of the different societies, were of a high order. Men of renown from the larger cities were, in most instances, the guests of the occasion, and contributed much toward the edification of the members of the profession present, by the reading of carefully prepared and valuable essays. Much intelligent interest was manifested in these papers and lengthy discussions followed. The universal desire toward the elevation of medical standards and the purification of the ranks of the profession were the most pleasing features of all these meetings.

WM. A. CLARK.

## REPORT OF COUNCILLOR, FOURTH DISTRICT.

Camden, N. J., June 19, 1905.

The Camden County Medical Society continues to be in a most healthy condition, receiving additions to its membership and holding quarterly meetings that are full of interest and well attended. At the February meeting, a pleasant innovation was the attendance of the doctors' wives and sweethearts, who were entertained by a musical and humorous program, following the supper.

Burlington County Medical Society, having sent cordial invitations and notices of every meeting, was visited twice during the year. The meetings are always fully attended, notwithstanding the membership is rather widely scattered, thus attesting the zeal of the profession in that county.

The papers presented and the discussions are of a high order of merit.

The Monmouth and Ocean county societies, having failed to invite the Councillor to meet with them, were not visited.

DANIEL STROCK.

*Councillor Fourth District.*

*To the President and Members of the Medical  
Society of the State of New Jersey:*

I was present at the Atlantic and Gloucester county meetings, and found very interesting programs, also have received very encouraging and favorable reports by correspondence, from each of the other societies, and feel that the programs of the past year have been much better than those of the previous one.

The different counties have invited papers from able men in their particular specialties, and have exhibited equal interest in other ways in the preparation of material for interesting meetings.

It is worthy of notice that Atlantic county, following the line of Gloucester county, has in-

stituted the social meeting at which the ladies were invited to participate. This innovation proved to be a very pleasant occasion.

Among other things asked for in a circular letter which was sent to the respective societies in this district was information to determine, if possible, how many members of the respective counties were engaged in contract practice, and also a request for an expression of opinion with reference to the JOURNAL.

In the absence of full data relating to the former, I have refrained from making any report upon this question, and have to say with reference to the latter, the criticisms have been most flattering and gratifying. In no case has the opinion stated been adverse to the continuance of the JOURNAL. I may state just here that your councillors have discussed the subject of contract practice and have felt that there were conditions under which this work had been taken, that made it only just to the parties concerned to deal liberally with the subject at least during the present year, but where opportunity has offered, they have recommended that such work be limited to insurance companies and to those where the peculiar conditions surrounding the practice made it next to impossible for the physician to receive remuneration at all for his services by other means.

Atlantic county has taken a foremost position, and a positive stand, in the matter as set forth in the following amendment of its constitution:

Article III. Sec. 1. No member of this Society shall contract with or accept the position of Club, Society, or Organization physician, or agree to do any medical or surgical work for any Club, Society, or Organization at a less rate than the regular or customary charge for like services rendered by other physicians for patients not members of such Club, Society, or Organization.

Further, in no case shall any physician agree to attend the families of the members of any Club, Society, Organization, or families of employees of any corporation or firm at a less price than the regular rates charged for like services rendered by other physicians to families of persons not members or employees of such Club, Society, Organization, Corporation or Firm. It being understood that nothing in this section shall be construed as preventing any member from attending the worthy poor at a less rate, or to give free service to those who are too poor to pay anything, or from acting as City, County or Town physician, Health Officer, or under any political appointments.

Sec. 2. Any members who shall offer to pay, or shall pay a commission in consideration of having any case referred to him, or who shall propose any arrangement or agree to any arrangement for compensation, for professional services, not known to the patient or to the party by whom such compensation is paid, shall be deemed guilty of unprofessional conduct.

Sec. 3. Any violation of this by-law shall be considered unprofessional conduct, and render the member guilty thereof liable to suspension or expulsion from this Society, as the Society may determine.

Your Councillors would further recommend that the interests already stimulated in the various counties be encouraged, and that each strive not only to make their program better than the previous one, but that each paper of particular merit be forwarded to the JOURNAL, that not only the county in which the paper is read, but mem-

bers of other counties also may become acquainted with individual work being done in their sister societies. Support of this character will make our JOURNAL a worthy exponent of the scientific work being done throughout the State.

It would seem also of interest to have an exchange of papers, by inviting members from the different counties, and we cannot too strongly urge those of large experience, as well as those well equipped in technical knowledge, to take part in contributing to the local society meetings. The benefits of which will be two-fold, first; it will acquaint the writer with the contribution and the author of other papers on the same subject, and secondly, 'twill assist other members of the Society in obtaining data which otherwise, per chance, might not have been brought to their notice.

Your council offer the suggestion, that the present system of reports from the different societies might be made much more effective and important to the JOURNAL, if those elected reporters would give the office a little more of their time, and manifest a greater interest in the welfare of the profession. We would recommend, that through the careful gleaning of the reporters the JOURNAL may gather much of interest for the different component societies and as well for the State. This office of reporter may become an important one, if filled to its greatest possibility.

Excuses have been received from the following permanent delegates, viz.: Drs. G. Van Wageningen, of Newark; David Stephens, of New Brunswick, and T. N. McLean, of Elizabeth, all of which were accepted as worthy causes for absence, and they are, therefore, recommended to be continued as permanent delegates. Dr. Van Wageningen's excuse applies to the years 1903 and 1904; Dr. Stephens' to 1905, and Dr. McLean's also to 1905.

Your Councillors deem it proper to state that where invitations from the component society, accompanied with a notice of the place and date of meeting, are not received, they feel a hesitancy in visiting the county so neglecting said duty and courtesy. The foregoing reports and recommendations are respectfully submitted by your councillors,

PHILIP MARVEL,

*Chairman.*

Dr. Chandler:—I move that the report be received and placed on file. Seconded and carried.

Dr. Johnson appointed the following members as the Committee on Prize Essay for next year: Drs. Chas. J. Kipp, D. C. English and W. B. Johnson.

The first paper of the morning session was read by the Second Vice-President, Dr. Alex. Marcy, Jr., of Riverton, on the subject, "The Surgical Treatment of Bright's Disease from the View Point of the General Practitioner."†

"Ectopic Gestation,"\* was the subject of a paper read by Dr. Edward Staehlin, of Newark. The paper was discussed\* by Drs. Harris, Balleray, Laws, Gray, Bleyle, P. Marvel.

Dr. G. H. Balleray, of Paterson, read a paper on "Prophalaxis in Gynecology,"\* which was discussed by Drs. Ill, Gray, Newton, Benjamin and D. E. English.

"Uraemic Surprises"\* was the subject of a paper read by Dr. J. T. Wrightson, of Newark, and discussed\* by Drs. Hedges Mitchell, Murray, Wilson and E. Marvel.

A paper on "Weaning"\* was read by Dr. Floyd McEwen, of Newark, and was discussed\* by Drs. Coit, Bingham and D. E. English.

A paper by Dr. Palmer A. Potter, of East Orange, was read by title—"Are Curds in Infant's Stools ever Caused by Insufficient proteids?"\*

On motion, adjourned until the afternoon session.

WEDNESDAY AFTERNOON, 3 P. M.

*Meeting of the House of Delegates.*

The report of the Nominating Committee was read by Dr. H. Genet Taylor, of Camden, as follows:

#### REPORT OF THE NOMINATING COMMITTEE.

The committee presents herewith the following nominations:

For President—HENRY W. ELMER, Bridgeton.

First Vice-President—ALEXANDER MARCY, JR., Riverton.

Second Vice-President—EDWARD J. ILL, Newark.

Third Vice-President—DAVID ST. JOHN, Hackensack.

Corresponding Secretary—DANIEL STROCK, Camden.

Recording Secretary—W. J. CHANDLER, South Orange.

Treasurer—ARCHIBALD MERCER, Newark.

Councillor—W. H. ISZARD, Camden, to replace Daniel Strock, (resigned.)

Committee on Scientific Work—T. R. CHAMBERS, Jersey City.

Committee on Publication—CHAS. J. KIPP, Newark, replacing H. W. Elmer, (resigned;) D. C. ENGLISH, New Brunswick.

Committee on Public Hygiene and Legislation—WILLIAM ELMER, Trenton; A. K. BALDWIN, Newark.

Committee on Honorary Membership—H. GENET TAYLOR, E. J. MARSH, L. M. HALSEY.

Committee on Arrangements—EMERY MARVEL, Atlantic City; E. C. CHEW, Atlantic City; E. HOLLINGSHEAD, Pemberton; P. M. MCCRAY, Camden; THEODORE SENSEMAN, Atlantic City.

Committee on Program—FREDERICK F. C. DEMAREST, Passaic, two years.

Delegates to the American Medical Association—CHAS. J. KIPP, Newark; C. R. P. FISHER, Bound Brook.

Alternate delegates to American Medical Association, 1906—F. D. GRAY, Jersey City; ALEXANDER MCALISTER, Camden; JOHN C. MCCOY, Paterson.

†This paper was published in the August number of the JOURNAL.

\*These papers and discussions will appear in later issues of the JOURNAL.



Delegates, American Pharmaceutical Association—HENRY L. COIT, E. B. SILVERS.

Pennsylvania Medical Association—GEO. C. LAWS, J. B. WINTERSTEEN, W. B. STEWART, HARRY STOUT, H. H. SHERK.

New York Medical Society—W. J. CHANDLER, L. M. HALSEY, GEO. H. BALLERAY.

Connecticut Society—J. A. EXTON, SAMUEL A. HELFER.

Maryland Society—D. BENJAMIN, CHAS. T. LEAVITT.

Delaware Society—W. A. DAVIS, M. H. LEAVER, F. STROUD.

Rhode Island—D. H. OLIVER, HENRY CHAVANNE.

Mississippi Valley Association—W. F. FAISON, J. T. GILLSON.

Massachusetts Medical Association—A. J. SMITH, A. B. NASH, R. M. DAVIS.

North Carolina—DR. PAYSON.

Atlantic City was selected as the place of the next meeting.

H. GENET TAYLOR, *Chairman*.

A. C. HUNT, *Secretary*.

Dr. E. W. Hedges:—I move you that the Secretary be authorized to cast the ballot for the various officers and committees named. Seconded.

Dr. C. J. Kipp:—I make an amendment that the President be so authorized. Seconded and carried.

The President cast the ballot and declared the ticket reported by the Nominating Committee to be elected.

Dr. Wm. J. Chandler:—The by-laws require that the Council should be elected annually. (Read from by-laws.)

The councillors of last year (except Dr. Strock) were then renominated and elected.

## REPORT OF COMMITTEE ON HYGIENE AND LEGISLATION.

Dr. L. M. Halsey read this report, as follows:

During the session of the last Legislature a bill to license osteopaths was introduced.

The committee succeeded in getting a hearing on the bill. Every member of the Legislature was written to, explaining to him fully the bad features of such a measure, and how it would lower the present high standard of medical practice in this State if such a bill were passed.

The President and Secretary of each county medical society were notified of the introduction of the measure, and called upon to render all assistance possible in defeating it. They were asked if it was possible that there should be some action taken by their society, and that a committee should be appointed to interview their members of the Legislature, explain to them the bad features of the bill, and if possible to get their pledge to defeat it.

Legalized practitioners all over the State were appealed to. At the hearing we had a very good representation, and we felt that our side of the question was very well presented, notwithstanding the fact that the osteopaths came well provided with arguments from their standpoint.

A canvass of the Senate after the hearing showed a very decided majority against the measure, and we felt very sure that the bill would be disposed of in committee, without ever reaching the Senate.

A few days before the close of the session a substitute bill was introduced which was worse in its provisions than the former bill, and which passed the Senate by a large majority. This bill was reported to the House but never saw the light of day.

From the fact that we had the positive assurance of sufficient Senators to defeat this measure, it was very evident that powerful influences were at work which changed their minds and allowed the passage of the substitute.

We feel that the Society should decide as to which plan is the better, to radically oppose them, or to admit one of their members as examiner on the present medical examining force. We are perfectly satisfied that we will have this fight over again. Your committee should either be instructed, or should have full power, to take whatever action their judgment seems to dictate.

We wish to make complaint at the indifferent action of a large proportion of the county medical societies in regard to this measure, and particularly of their inaction and failure to notify the chairman of the committee as to what they had done or proposed to do in regard to this matter.

All of the county societies were notified promptly as soon as we knew of the introduction of this measure. Answers were received from Passaic, Somerset, Bergen, Atlantic, Gloucester and Camden. While the other societies may have done good work in assisting us to carry out our plans, yet the committee had no knowledge of what they did.

We would suggest the appointment of an Auxiliary Committee on Legislation to be composed of one member from each county medical society to work in conjunction with the Committee on Legislation and Hygiene, feeling that if such a course is adopted more active interest will be taken in all legislative matters. While we are satisfied that such a large committee would be somewhat of an unwieldy body, we would further suggest that out of this committee a special one be appointed with full power to act when it is impracticable to get the full committee together.

Each year there are various bills of more or less vicious nature, detrimental to the medical profession, introduced into the Legislature, and we must be ever watchful to properly dispose of them.

In addition to this, each county medical society should have its special Committee on Legislation, whose duty would be to inform their members of the Legislature of the action and desires of the county medical society upon all acts of medical legislation. When notified by the chairman of the State Committee, there should be prompt and vigorous action, as we feel sure that if the medical profession in the State of New Jersey is thoroughly awake, no bills can be passed which are detrimental to their interests.

Your committee is unable to report any progress on the bill which was introduced in the Legislature for the protection of the physician on the witness stand. This bill was introduced by a member from Hudson County, and, while very simply drawn, met with a great deal of opposition from the lawyers of the House. This bill has become a law in over twenty States of the

Union, and your committee has no reports that it has been unsatisfactory to the general community or has been detrimental to any legitimate case in suit.

We would recommend that the committee be further instructed to make some changes to cover the objections presented to us, and to push the matter at the following session of the Legislature—feeling that if we have the backing of the county societies throughout the State this measure can be made a law.

In concluding our report, we wish to emphasize several facts, namely—

That if the Medical Society of New Jersey is desirous of becoming a powerful factor in molding good legislation, and preventing vicious measures being introduced into the Legislature, there must be hearty and vigorous action of the county medical societies in conjunction with your Committee on Legislation. We must have prompt, explicit and full reports from the secretaries or committees of the county societies as soon as they can be obtained. County societies must be ready to send representatives to Trenton when hearings are obtained upon any measures which your committee deems necessary, so we can have good representations.

That the Auxiliary Committee shall be composed of one representative from each county medical society in the State, with a special committee from this body with full power to act in emergencies.

That the Committee on Legislation shall be endowed with power from the State Medical Society to draft measures, to accept amendments to bills which in their judgment seem to be for the best interest of the medical profession in this State.

That the committee shall be instructed to prepare a bill for the protection of the physician on the witness stand.

Within the last few weeks a decision has been rendered in the matter of the appeal of the State vs. Herrick. The Court of Errors and Appeals unanimously sustained the decision of Justice Dixon of the lower court, that the medical act was not violated by the practice as charged.

We are satisfied that if these measures are adopted, and we all work earnestly together, we will be a mighty power for good, and that it will be impossible to put upon the statute books of New Jersey measures which are detrimental to the medical profession in this State.

Respectfully submitted,

CHARLES YOUNG, *Chairman.*

CHARLES J. KIPP,

L. M. HALSEY,

WM. ELMER,

*Committee.*

Dr. L. M. Halsey:—The committee desires to make an explanation. If you will refer to the By-Laws the Committee on Hygiene and Legislation have practically little power and it cannot take up a case unless the Society has referred it to them. During the past year we have decided to make a fight, being sure that the bills of expenses would be gladly paid by the Medical Society of New Jersey if such bills were presented. We would like you to empower us to take such steps as in our judgment may seem

necessary, to either endorse good or prevent the passage of vicious legislation. Outside of that, as Dr. Kipp has suggested, there should be simply a recommendation passed endorsing the action of this committee. All we ask you to-day is that you endorse our actions.

Dr. O. H. Sproul:—I move that the report be received and the recommendations contained therein be adopted. Seconded. Carried.

Dr. T. R. Chambers:—The Committee on Scientific Work would like an expression of opinion from the House of Delegates. It has been proposed that we divide the Society into two parts, medical and surgical. The committee hesitates to do more than express an opinion. There are several things to be thought of. Will three days be required to complete our work? Would it be wise to take two or three days to the meeting? Or had we better continue as we now are doing?

I make a motion that the Committee on Scientific Work for the coming year have two sections, surgical and medical. Seconded.

Dr. Walter B. Johnson:—The motion is out of order.

The meeting of the House of Delegates is now adjourned until to-morrow morning after the close of the general session.

### WEDNESDAY AFTERNOON, GENERAL SESSION.

"Recent Progress in Cerebro-spinal Meningitis," \* was the title of a paper read by Frank W. Pinneo, of Newark, and discussed \* by Drs. McLaughlin, Newton, A. K. Baldwin, Leszynsky, J. C. Johnson, Baruch and Gray.

### *Symposium on Tuberculosis.*

Dr. S. A. Knopf, of New York, gave a clinical lecture on the "Diagnosis of Early Tuberculosis." \*

Dr. C. J. Kipp, of Newark, read a paper on "What is Our State Doing for Its Consumptive Poor?" \*

Dr. T. W. Harvey, of Orange, read a paper on "Prevention of Tuberculosis." \*

Dr. I. H. Hance, of Lakewood, read a paper on "Treatment: Sanatoria and Home." \*

Dr. Theodore Senseman, of Atlantic City, read a paper on "Some Points in the Diagnosis and Treatment of Pulmonary Tuberculosis." \*

\*These papers will be published in the JOURNAL.

The discussion of all these papers was engaged in by Drs. Baruch, Corwin and Knopf.\*

The Oration in Medicine, subject, "Modern Neurology,"\* was given by Dr. R. C. Newton, of Montclair.

"A Clinical Study in Chorea,"\* the subject of a paper by A. A. Strasser, of Arlington, was read by title.

Dr. J. T. Wyckoff, of Leonia, read a paper on "Is the Mosquito the only Etiological Factor in Malaria?"\*

Drs. Armstrong and Sherk discussed this paper.\*

On motion, adjourned until Thursday morning at 9 o'clock.

THIRD DAY, THURSDAY, JUNE 22ND,  
9 A. M.

### GENERAL SESSION.

Dr. McAlister, of Camden read a paper on "Essentials in Diuretic Treatment."\*

This paper was discussed by Dr. Sherk.\*

Dr. Henry Chavanne, of Salem, read a paper on "Properties of Medicinal Plants."\*

This paper was discussed by Dr. Tomlinson.

Dr. Emery Marvel, of Atlantic City, read a paper on "Application of Adrenalin in the Peritoneal Cavity."\*

This paper was discussed by Drs. Vaughan, Newton, Wilson, Emerson, Eagleton and Johnson.

Dr. Joseph Stokes, of Moorestown:—I move you that, because Dr. Philip Marvel is to leave us early, that his paper be read now instead of at the end of the meeting. Seconded and carried.

Dr. Philip Marvel, of Atlantic City, read a paper on "The Demands of the Osteopaths—How Shall We Meet Them?"\* This paper was discussed by Drs. Johnson, Stewart, Benjamin, Emerson and Godfrey. "The Treatment of Convergent Squint in Young Children,"\* was the subject of a paper read by Dr. Linn Emerson, of Orange. The paper was discussed\* by Drs. Wilson, Kipp and Johnson.

The following papers were read by title and referred to the Committee on Publication: "The Relations of Protozoa to Disease in Man,"\* Cyrus W. Field, New York; "Somnoforme,"\* T. R. Chambers, Jersey City; "Ambulatory Treatment of Pott's Fracture,"\* A. E. Y. Schellenger, Camden; "Cannabis Indica and Its Practical Uses,"\* E. B. Silvers, Rahway.

On motion, the scientific section of the Society adjourned *sine die*.

### Meeting of the House of Delegates

Dr. Walter B. Johnson:—I take this opportunity to make the following appointments:

Committee on Credentials—DANIEL STROCK, Camden; ARCHIBALD MERCER, Newark, and THEODORE SENSEMAN, Atlantic City.

Committee on Business—JOSEPH STOKES, Moorestown; J. P. HECHT, Somerville; P. A. HARRIS, Paterson; B. A. WADDINGTON, Salem, and J. A. EXTON, Arlington.

Committee on Honorary Membership—The same as named by the Nominating Committee.

Dr. Wm. J. Chandler:—I have been requested to read the following:

*Dr. W. B. Johnson, President of the Medical Society of New Jersey:*

DEAR DOCTOR:—As the two great branches of medicine—human and comparative—are inseparable when we consider many of the problems that confront and concern both professions, the Veterinary Medical Association of New Jersey has decided to invite the Medical Society of New Jersey to send delegates to our meetings.

The next meeting of the Veterinary Medical Association of New Jersey will be held at Washington Park, July 13 and 14. I am instructed to extend a most cordial invitation to the Medical Society of New Jersey to send delegates to said meeting.

\* Respectfully yours,  
WM. HERBERT LOWE.

June 21, 1905.

*Secretary.*

Dr. Wm. J. Chandler:—I move that the President be given authority to appoint delegates to this Veterinary Medical Society. Seconded. Carried.

(The President subsequently appointed Dr. R. C. Newton, of Montclair, as a delegate to the Veterinary Medical Association.)

Dr. Kipp:—I move that the remarks made by Dr. Benjamin in reference to the Osteopathic Bill be printed in full in the transactions of the Society. Seconded. Carried.

*Resolved.* That a special Legislative Committee of twenty-one members—one from each county—be appointed by the President, and that he be requested to hand the names of the members of said committee to the Recording Secretary within ten days from the date of adjournment of this session.

Signed by

D. BENJAMIN,  
L. M. HALSEY,  
W. PERRY WATSON,  
PHILIP MARVEL.

Dr. Kipp:—The men appointed on that committee should be familiar not only with the members of the county societies but also with the members of the Legislature. Therefore, the presidents of the county so-

\*These papers will be published in the JOURNAL.



cieties should be first communicated with before the committee is made up.

Dr. W. J. Chandler:—Ten days is too short a time in which to decide on these appointments. I move to amend by giving the President thirty days in which to make up this committee.

The amendment was accepted and the motion as amended was seconded and carried.

Dr. R. C. Newton:—I move that the Legislative Committee be requested to prepare whatever literature may be necessary—some small and convenient form of literature which is not expensive. Seconded. Carried.

Dr. Walter B. Johnson:—There is no present provision made for any expenses on the part of the Committee on Legislation. I think it would be well to have an expression from the Society as to this question of expense in order that they may meet the situation properly as well as politically; it is necessary that they should have a certain privilege in the matter of expenditures. This Committee on Legislation should have the power to print whatever may be necessary and to send it to every member of the legislative body in Trenton.

Dr. English:—I move that the Board of Trustees be empowered to pay any reasonable bills of that committee. Seconded. Carried.

Dr. Stewart:—I wish to introduce this motion upon request. I move, Mr. President, that the size of the printed page of the Journal be enlarged to conform to the size of the Journal of the New York Medical Association or the California State Medical Journal.

Dr. Walter B. Johnson:—That is in the hands of the Publication Committee.

Dr. Benjamin:—I hope this will meet with a favorable response. I think it is a wise and proper thing to do.

Dr. Walter B. Johnson:—I presume that if the House of Delegates will communicate to the Committee on Publication this opinion they will certainly give it due consideration. The reason for the present size of the JOURNAL, as determined by the Board of Trustees, was that it would conform to the size of the old transactions. It seems to me the JOURNAL is doing well in its present size. However, this motion has been made but the recommendations do not carry weight except as a suggestion. Are you ready for the motion? Carried.

Dr. E. L. B. Godfrey:—In order to give the Committee on Legislation and Hygiene

greater authority for definite action, I would like to supplement Dr. Halsey's motion by the following resolution:

*Resolved*, 1, That in the event of any measures arising in the Legislature, affecting adversely the physical interests of the people and the medical profession of this State, the President shall authorize and instruct the Committee on Legislation and Hygiene to take up the matter; to have printed an abstract (with comments) of such bills as may be introduced either in the Senate or the House, stating also the number and title of the bills, by whom introduced and the committee to which the bills were referred; to send the said abstract to the officers of this Society and to every county medical society with a request that a special meeting of said county society be called for the purpose of informing their respective representatives in the Legislature of their views on the legislation in question.

2. That the President be authorized to add within thirty days to the Committee on Legislation and Hygiene one member from each county medical society in the State as associate members for conference and assistance, if in his judgment and that of the committee the same is thought advisable.

3. That it shall be the duty of the Committee on Legislation and Hygiene to request a hearing before the Legislature on any legislation affecting adversely the physical interests of the people and the medical profession of this State, and to represent this Society before the Legislature. The President shall be advised of the hearing, to which he shall summon the officers of the Society.

4. That the Committee on Legislation and Hygiene, with the officers of this Society and editor of the JOURNAL shall cooperate with the State Board of Medical Examiners in maintaining the present educational standards for the medical license of this State, in employing such legal adviser as may be deemed necessary, in defining by further legislation, if advisable, "what constitutes legally 'practice of medicine' in New Jersey," and in informing the county societies and editor of the JOURNAL of such actions taken or proposed.

Dr. Benjamin:—I regard these resolutions as indicating the most judicious and wisest policy for us to pursue. It is necessary to know what bills are being introduced. I am glad this has come from the source it has, and I heartily second the resolutions.

The resolutions were then unanimously adopted.

Dr. Wm. J. Chandler:—I move that the Committee on Publication be authorized to have copies of the Constitution and By-Laws printed and bound in suitable form for the use of the Society. Seconded. Carried.

Dr. Wm. J. Chandler:—I move also that the thanks of the Society be extended to Mr. Cottentin of the Hotel Hollywood for the hospitable and generous treatment he has accorded us. Also to thank him for the souvenirs he has presented to the So-

ciety, and which we accept with an expression of our appreciation. Seconded. Carried.

Dr. Wm. J. Chandler:—I also move that this Society extend to the Committee of Arrangements its thanks for the magnificent way in which they have entertained us. Seconded. Carried.

Dr. Stewart:—There was one suggestion made by the Committee on Program in reference to the two-session plan.

Dr. Walter B. Johnson:—I guess that can be left in the hands of the Trustees. I think that possibly it might be well to convene the House of Delegates separately from the meeting of the scientific sessions. But as to the division of the Society into two sections I think we now have enough difficulty to get men to remain during the reading of papers. I hardly think it would be well to divide the Society as proposed.

Dr. Newton:—I move that the meetings of the House of Delegates be separated entirely from the scientific sessions. Seconded.

Dr. Wm. J. Chandler:—That would impair the general interest in this Society. The Society for years has had its traditions and customs that the meetings should be held continuously and so that all could attend every session, whether scientific or executive. A division of the program so that scientific sessions were being held in one place at the same time that the House of Delegates was in session at another place would be very unsatisfactory to most of the members. I think that it would be a great mistake to thus divide the Society.

Dr. Benjamin:—I agree with what Dr. Chandler has stated; the points made by the Secretary are absolutely true. I do not believe you can exclude the Society from the House of Delegates very well; the members would like to hear what is going on and we do not want any "star-chamber." I hope we will be permitted to remain during their entire sessions.

Dr. Newton:—Gentlemen, other societies have had to adopt this division and we are bound to come to it I believe. I hope the motion will prevail.

Dr. Kipp:—I think that our present method of doing business is all right, and I trust the motion will be lost.

Motion lost.

Dr. Newton:—I now move you that the Society be divided into a medical and a surgical section and that the two be separate. We do not do enough to bring out

scientific discussions. It makes it hard for a man to prepare papers. If you do not make this division now I hope you will make it later. Seconded.

Dr. Kipp:—I wish to offer an amendment that this motion be referred to the Committee on Program, and that they be instructed to report next year. The amendment was seconded.

Dr. Benjamin:—I think that such a course would be detrimental to the good of the Society. We do not have enough surgeons in this State and all the papers will get into the JOURNAL. The doctors want to hear the discussions on surgical papers, on surgical diagnosis, on when to call in the surgeon, etc. I do not think that we specialize sufficiently in this State to warrant any such a separation. Amendment carried.

Dr. Godfrey:—I move that the thanks of this Society be extended to Dr. Walter B. Johnson for the impartial manner in which he has conducted the meeting and the able way in which he has presided over our deliberations. Seconded. Carried.

Dr. Walter B. Johnson:—*Ladies and Gentlemen of the Medical Society of New Jersey*:—I have not had an opportunity to make a speech and I am glad to have been given this privilege now. I read a paper and everybody said that it was not at all suited for a Presidential address and I believed so myself. However, I did my best and you bore it with resignation. I was glad you did. I am glad because I really wanted to present the matter here as an evidence of individual work in our State and then hand it to the Committee on Publication so that it would appear in the JOURNAL OF THE MEDICAL SOCIETY OF NEW JERSEY. I am glad that the JOURNAL has passed through its first year so creditably. It is doing well and I believe it is going to do better. I believe that since its editor has gotten to be a real editor, rather than an editor honorarium, he will introduce a little more ginger. I also believe that this ginger will stimulate the Publication Committee. In this way the JOURNAL will be made even more satisfactory than it has been. I think that the advertisers, the strictly ethical classes, of course, will appreciate the honor that the State does them in furnishing so valuable an advertising medium and presenting of better and more pages will add to its value and result eventually in increasing the revenues which will make the paper self-sustaining.

I have said all that I wish to say, except

that I hope that the House of Delegates, the officers and all others will accept my most thankful thanks for the honor they have conferred upon me, and for the excellent order and attention they have granted to us during this meeting. We apologize for any inefficiencies that may have existed, and hope that no members of the Society will feel aggrieved or hurt in consequence of any of our decisions or of our treatment of them.

Adjourned *sine die*.

## AN ALPHABETICAL LIST

### Of the Members of the Medical Society of New Jersey.

Compiled July, 1905.

- Abbott, B. T., Ocean City, Cape May County.  
Abbott, Henry D., 24 E. 33d St., Bayonne.  
Ackley, David B., 881 East State, Trenton.  
Adams, Charles F., 52 W. State, Trenton.  
Adams, Ellsworth S., Beverly, Burlington Co.  
Adams, George B. M., Holly Beach, Cape May County.  
Adams, J. O., Atlantic City.  
Adsit, Noble H., Succasunna, Morris Co.  
Agnew, Frank E., 29 Hamilton, Paterson.  
Albertson, William C., Belvidere, Warren Co.  
Albright, John C., 194 Broadway, South Amboy.  
Alexander, A. F., 379 Union av., Paterson.  
Allen, Charles L., P. O. Box 258, Trenton.  
Allen, Ulamor, 401 Ogden av., Jersey City.  
Allen, William C., Blairstown, Warren Co.  
Allers, Henry, 109 Harrison av., Harrison, Hudson Co.  
Alsop, Thomas, 422 George, New Brunswick.  
Anderson, Calvin, Madison, Morris Co.  
Anderson, H. M., Allentown, Mercer Co.  
Andress, Theophilus H., Sparta, Sussex Co.  
Applegate, Asher T., Englishtown, Monmouth County.  
Applegate, John C., 3540 N. Broad, Philadelphia, Pa.  
Ard, Frank C., 604 Park av., Plainfield.  
Areson, William H., Upper Montclair, Essex Co.  
Arlitz, William J., 630 Bloomfield, Hoboken.  
Armstrong, Alex., 323 S. Broad, Trenton.  
Armstrong, Ed. C., 512 Fulton, Town of Union, Hudson Co.  
Armstrong, Samuel E., Rutherford, Bergen Co.  
Ashcraft, Samuel F., Mullica Hill, Gloucester Co.  
Asher, Maurice, 20 Court, Newark.  
Asnis, E. J., Woodbine, Cape May Co.  
Atkinson, James W., 27 Church, Paterson.  
Ayres, Melancthon S., Fairview, Bergen Co.  
Baer, Joseph S., 565 Stevens, Camden.  
Bailey, Charles H., Bloomfield, Essex Co.  
Bailey, Frederick R., 1165 E. Jersey, Elizabeth.  
Bailey, William O., 232 S. Orange av., Newark.  
Bailey, Wilson G., Broadway and Pine, Camden.  
Baird, David, Jr., Florence, Burlington Co.  
Baker, Charles F., 47 Walnut, Newark.  
Baker, E. Mills, 103 Wayne, Jersey City.  
Baker, George H., Long Branch.  
Baker, R. D., Morris Plains, Morris Co.  
Baldwin, Aaron K., 291 Plane, Newark.  
Baldwin, Samuel H., 473 Clinton av., Newark.  
Baldwin, Winfred E., 462 Orange, Newark.  
Balleray, George H., 115 Broadway, Paterson.  
Banker, Ernest E., Three Bridges, Hunterdon Co.  
Banks, H. M., Englewood, Bergen Co.  
Banta, John H., 119 Broadway, Paterson.  
Barber, Isaac, Phillipsburg, Warren Co.  
Barnes, William M., Springfield, Union Co.  
Barrington, R. C., Mt. Holly, Burlington Co.  
Barrows, Arthur, 300 S. Clinton, Trenton.  
Bartlett, Clara K., 11 N. Carolina av., Atlantic City.  
Bartow, Geo. W., Three Bridges, Hunterdon Co.  
Baruch, Simon, Long Branch.  
Barwis, Elmer, 211 Hamilton av., Trenton.  
Bateman, Frank M., Cedarville, Cumberland Co.  
Baumann, John J., 661 Jersey av., Jersey City.  
Baumann, Louis, 250 Fifth, Jersey City.  
Beach, Edward M., West Long Branch.  
Beatty, Henry M., 50 Centre, Trenton.  
Becker, Frederick W., 478 Clinton av., Newark.  
Becker, Gustav A., 16 Court, Morristown.  
Becket, George C., 135 N. Walnut, East Orange.  
Beekman, John B., Pluckemin, Somerset Co.  
Beling, C. C., Morris Plains, Morris Co.  
Bell, J. Finley, Englewood, Bergen Co.  
Benjamin, Dowling, 215 Cooper, Camden.  
Bennett, Charles D., 167 Clinton av., Newark.  
Bennett, John K., Gloucester, Camden Co.  
Bennett, John W., Broadway, Long Branch.  
Bennett, R. S., 615 Asbury av., Asbury Park.  
Bennett, Samuel, Millville, Cumberland Co.  
Bergin, Joseph V., 16 Church, Paterson.  
Berkaw, Willard E., Annandale, Hunterdon Co.  
Bernier, David A., Le Grand Apart., Atlantic City.  
Best, George N., Rosemont, Hunterdon Co.  
Beveridge, Wm. W., Cookman av., Asbury Park.  
Bianchi, Angelo R., 103 Seventh av., Newark.  
Bilderback, F., Salem, Salem Co.  
Bingham, Arthur W., 299 Main, East Orange.  
Bissett, John J., South River, Middlesex Co.  
Blair, J. E., Burlington.  
Blake, Duncan W., Gloucester, Camden Co.  
Blanchard, Oliver R., 37 Clinton av., Jersey City.  
Bleick, William D., 577 Clinton av., Newark.  
Blenckston, M., Westwood, Bergen Co.  
Bleyle, Herman C., 118 Union, Newark.  
Blundell, William, 236 Main, Paterson.  
Bogardus, Henry J., 427 Bergen av., Jersey City.  
Boone, William C., Seventh, Plainfield.  
Borgmeyer, J. C. Lewis, 90 W. 8th, Bayonne.  
Bossard, H. B., Harmony, Warren Co.  
Bossert, L. H., Newport, Cumberland Co.  
Bowden, David T., 117 Paterson, Paterson.  
Bowyer, Frank F., 262 Barrow, Jersey City.  
Boyd, W. Sims, 221 Eighth, Jersey City.  
Boyer, C. H., Riegelsville, Warren Co.  
Brace, H. Martyn, 179 High, Perth Amboy.  
Bradford, E. B., Port Norris, Cumberland Co.  
Bradford, Stella S., 27 S. Fullerton av., Montclair.  
Bradner, F. C., Westwood, Bergen Co.  
Bradshaw, John H., 20 High, Orange.  
Brasfield, Edgar N., Phillipsburg, Warren Co.  
Braun, Rudolph, 180 Polk, Newark.  
Bray, Walter S., 902 N. 2d, Camden.  
Brewer, William, Woodbury, Gloucester Co.  
Brewster, Grey Otis, Grantwood, Bergen Co.  
Brewster, Margaret P., Grantwood, Bergen Co.  
Brien, William M., West Orange.



- Brinkerhoff, Henry H., 695 Bergen av., Jersey City.
- Britton, Charles P., 126 W. State, Trenton.
- Broderick, John J., 355 Pacific av., Jersey City.
- Brooke, William W., 915 Ave. C, Bayonne.
- Brooks, Charles D., Hackensack, Bergen Co.
- Brouwer, Frank, Toms River, Ocean Co.
- Brown, Adolph G., Red Bank, Monmouth Co.
- Brown, Harvey, 14 Throckmorton, Freehold.
- Brown, James S., 43 S. Fullerton av., Montclair.
- Browne, J. Alex., 310 Grand, Paterson.
- Bruckner, Charles H., 118 Newton, Newark.
- Bruere, A. T., 203 Spring, Trenton.
- Bruyere, John, 123 Perry, Trenton.
- Buchanan, J. Harvey, North Plainfield.
- Buckingham, Frederick S., Lakewood, Ocean Co.
- Buerman, William, 352 Belmont av., Newark.
- Bull, Edward L., 2 Madison av., Jersey City.
- Bullen, Victor E., 156 Broadway, Paterson.
- Bunting, P. Du Bois, 11 Third, Elizabeth.
- Burd, Lewis G., Ogdenburg, Sussex Co.
- Burd, William J., Belvidere, Warren Co.
- Burke, Charles V., 136 Bowery, Newark.
- Burnett, Henry H., 724 Washington, Hoboken.
- Burnett, Thomas F., 249 Court, Elizabeth.
- Burns, Edwin L., 269 Broad, Newark.
- Burrage, Robert L., 57 S. Maple av., East Orange.
- Burt, N. Howard, Ocean City, Cumberland Co.
- Bushey, Sylvan G., 508 Haddon av., Camden.
- Buttler, Charles V., 139 Albany, New Brunswick.
- Buttner, Carl, 67 Day, Orange.
- Calhoun, Charles P., Rutherford, Bergen Co.
- Campbell, Charles M., 642 Main, Paterson.
- Campbell, Wellington, Short Hills, Essex Co.
- Cantwell, Frank V., 78 N. Clinton av., Trenton.
- Carhart, Henry O., Blairstown, Warren Co.
- Carman, Fletcher F., 129 Walnut, Montclair.
- Carman, John H., 518 Watchung av., Plainfield.
- Carpenter, A. Eldridge, Boonton, Morris Co.
- Carpenter, William H., Salem, Salem Co.
- Carpenter, Wm. R., Milford, Hunterdon Co.
- Carrigan, Eugene S., Point Pleasant, Ocean Co.
- Carroll, Edgar, Main, Dayton, Middlesex Co.
- Carroll, William H., 11 Jefferson, Passaic.
- Case, Levi W., 41 Park, Montclair.
- Casperson, Robert, 215 N. Third, Camden.
- Cassaday, John B., Burlington.
- Cater, Douglas, A., 107 Park, East Orange.
- Cernochan, J. M., Princeton, Mercer Co.
- Chamberlin, John L., Sergeantsville, Hunterdon County.
- Chambers, Talbot R., 15 Exchange Pl., Jersey City.
- Chandler, Henry M., 449 Main, Orange.
- Chandler, Wm. J., 65 S. Orange av., So. Orange.
- Chard, John A., 14 Virginia av., Jersey City.
- Chase, William E., 185 Main av., Passaic.
- Chattin, J. Franklin, 40 W. State, Trenton.
- Chavanne, Henry, Salem, Salem Co.
- Chew, Elisha C., 28 S. Kentucky av., Atlantic City.
- Childs, Frank M., 927 Washington, Hoboken.
- Christian, Albion C., Irvington, Essex Co.
- Cladek, Walter E., 95 Main, Rahway.
- Clark, A. Schuyler, 422 George, New Brunswick.
- Clark, J. Henry, 122 Walnut, Newark.
- Clark, Staats V. D., 89 Bayard, New Brunswick.
- Clark, William A., 51 W. State, Trenton.
- Clawson, Marcus L., 182 E. Front, Plainfield.
- Clossen, Edward W., Lambertville, Hunterdon Co.
- Cohen, Nathan A., Wildwood, Cape May Co.
- Coit, Henry L., 277 Mt. Prospect av., Newark.
- Cole, Martin, Hainesville, Sussex Co.
- Coleman, Joseph G., Hamburg, Sussex Co.
- Coles, J. Ackerman, Scotch Plains, Union Co.
- Collier, W. S., 723 S. Broad, Trenton.
- Condict, Arthur W., Dover, Morris Co.
- Condict, Isaiah W., Dover, Morris Co.
- Condon, John F., 168 Washington av., Belleville.
- Condon, Wm. J., 336 George, New Brunswick.
- Conover, Ellsworth E., Hasbrouck Heights, Bergen Co.
- Conover, J. H. P., 1143 E. Jersey, Elizabeth.
- Conrad, Edgar K., Hackensack, Bergen Co.
- Converse, Chas. B., 218 Palisade av., Jersey City.
- Conaway, Walter P., 1723 Pacific av., Atlantic City.
- Cook, Hugh F., 15 Roseville av., Newark.
- Cook, Mary, 16 James, Newark.
- Cook, R. L., Dover, Morris Co.
- Cooke, Henry G., 7 Livingston av., New Brunswick.
- Cooper, E. P., Parsippany, Morris Co.
- Cooper, J. Howard, Middlebush, Somerset Co.
- Cornwell, Alfred, Bridgeton, Cumberland Co.
- Corson, E. S., Bridgeton, Cumberland Co.
- Cort, Paul L., 137 E. State, Trenton.
- Corwin, Arthur S., 204 W. 55th, New York City.
- Corwin, Frederick M., 7 W. Sixth, Bayonne.
- Corwin, Theodore W., 5 W. Park, Newark.
- Corwin, F. M., Bergen Point, Union Co.
- Cory, Horace C., 484 Broad, Newark.
- Cossitt, H. A., Morris Plains, Morris Co.
- Costill, Henry B., 506 E. State, Trenton.
- Courtright, Everett P., 24 Fulton, Newark.
- Craig, Burdette P., Blvd. and Highland av., Jersey City.
- Cramer, Alfred, 433 Penn., Camden.
- Cramer, Isaac S., Flemington, Hunterdon Co.
- Crankshaw, C. W., 2549 Boulevard, Jersey City.
- Crater, Ellis W., Oceanport, Monmouth Co.
- Crawford, David H., 14 Bridge, Newark.
- Craythorn, J. Charles, 302 W. State, Trenton.
- Cregar, Peter B., 406 Grant av., Plainfield.
- Creveling, William S., Valley, Hunterdon Co.
- Crittenden, T. R., Dover, Morris Co.
- Cropper, Charles W., 85 Gifford av., Jersey City.
- Crounse, David R., 84 Bloomfield av., Passaic.
- Culver, D. Le Roy, 287 York, Jersey City.
- Culver, George M., 49 Tonnelle av., Jersey City.
- Culver, S. Herbert, 98 Magnolia av., Jersey City.
- Cummins, George W., Belvidere, Warren Co.
- Currie, Daniel A., Englewood, Bergen Co.
- Currie, N. W., 417 Central av., Plainfield.
- Curtis, Robert M., 30 Church, Paterson.
- Curts, Frank W., Stewartsville, Warren Co.
- Curts, James H., 30 Church, Paterson.
- Cuskaden, Albert D., 2000 Atlantic av., Atlantic City.
- Dallas, Alexander, 24 E. 22d, Bayonne.
- Darnall, W. Edgar, 1704 Pacific av., Atlantic City.
- Davenport, George S., Garfield, Passaic Co.
- Davenport, Peter P., Vailsburg, Essex Co.
- Davidson, Louis L., 173 Spruce, Newark.
- Davis, Henry H., 569 Benson, Camden.
- Davis, Henry V., North Branch, Somerset Co.
- Davis, John B., 6th and Lawrence, Camden.
- Davis, Richard M., Salem, Salem Co.
- Davis, William A., Third and Cooper, Camden.
- Davis, W. H. K., 42 N. Arl'ton av., East Orange.
- Davison, C. K., Stanhope, Sussex Co.
- Davison, John F., 570 Cookman av., Asbury Park.
- Day, Grafton E., Millville, Cumberland Co.
- Day, Harris, Chester, Morris Co.
- Day, H. V., Bloomingdale, Morris Co.
- Day, S. Thomas, Port Norris, Cumberland Co.
- Dearborn, R. B., 1028 E. Jersey, Elizabeth.

- Decker, Clinton L., Boonton, Morris Co.  
 Decker, Fred. W., Frenchtown, Hunterdon Co.  
 Dedrick, Thomas S., Washington, Warren Co.  
 De Grofft, Eugene E., Woodstown, Salem Co.  
 De Grofft, Vernon E., Swedesboro, Gloucester Co.  
 De Groot, George S., Mendham, Morris Co.  
 De Hart, Clara M., 99 Mercer, Jersey City.  
 De Jager, Simon, 83 Bridge, Paterson.  
 Demarest, Fred F. C., 29 Academy, Passaic.  
 De Merritt, Charles L., 302 Shippen, Hoboken.  
 Demund, Cornelius A., Ridgewood, Bergen Co.  
 Demund, J. F., Ridgewood, Bergen Co.  
 Denner, Edward F., 221 Broadway, Paterson.  
 Dennis, John, 287 Belleville av., Newark.  
 De Silver, Jos. F., Galbraith Apart., Atlantic City.  
 De Vausney, Winfield S., 102 Cent'l av., Newark.  
 Devlin, Frank, 90 Congress, Newark.  
 Dey, A. H., 430 E. State, Trenton.  
 Diamant, E. L., Bridgeton, Cumberland Co.  
 Dickinson, Gordon K., 278 Montgomery, Jersey City.  
 Dieffenbach, Rich. G. P., 222 S. Orange av., Newark.  
 Dill, Daniel M., 425 S. Orange av., Newark.  
 Dinglestedt, Rich. H., 619 Hudson, Hoboken.  
 Disbrow, Edwin C., Toms River, Ocean Co.  
 Disbrow, Rem Lefferts, Toms River, Ocean Co.  
 Disbrow, Vanderhoef M., Lakewood, Ocean Co.  
 Disbrow, William S., 151 Orchard, Newark.  
 Diverty, Henry B., Woodbury, Gloucester Co.  
 Dix, J. Morgan, Cape May C. H., Cape May Co.  
 Dodge, Walter, 32 Cleveland, Orange.  
 Dodson, Louis W., 660 Jersey av., Jersey City.  
 Dolan, Thomas E., 250 First av., Elizabeth.  
 Dolphin, Michael O. F., 112 4th, Harrison.  
 Donges, John W., 525 Broadway, Camden.  
 Donohue, F. B., 389 Main, Paterson.  
 Donohue, Frank M., 139 Albany, New Brunswick.  
 Donohue, Lucius F., 33 Dodge, Bayonne.  
 Donovan, Alfred Q., 132 E. Jersey, Elizabeth.  
 Doriss, H. Stokes, 119 So. Carolina av., Atlantic City.  
 Dougherty, Arthur C., 158 Washington, Newark.  
 Douglas, James, Maple av., Morristown.  
 Douglas, John S., Tuckahoe, Cape May Co.  
 Dowling, C. E., Sparta, Sussex Co.  
 Drake, Francis J., Phillipsburg, Warren Co.  
 Drummond, Edward A., 431 Seventh av., Newark.  
 Dubell, J. Eldridge, Columbus, Burlington Co.  
 Duffield, Elias M., Glassboro, Gloucester Co.  
 Dundon, Arthur H., North Plainfield.  
 Dunkel, Edwin K., 264 Montgomery, Jersey City.  
 Dunlap, Mary J., Vineland, Cumberland Co.  
 Dunlap, Thomas G., 921 Pacific av., Atlantic City.  
 Dunn, Fred V., 623 S. Third, Camden.  
 Dunning, Charles M., Franklin, Sussex Co.  
 Dunning, Walter L., 533 River, Paterson.  
 Duryee, John L., 436 High, Newark.  
 Eagleton, Wells P., 15 Lombardy, Newark.  
 Eaton, A. R. Jr., 1150 E. Jersey, Elizabeth.  
 Edwards, J. Gaunt, Williamstown, Gloucester Co.  
 Edwards, Sarah M., 207 Summer av., Newark.  
 Edge, Julius, 439 Washington, Newark.  
 Ellis, A. L., Main, Metuchen, Middlesex Co.  
 Elmer, Henry W., Bridgeton, Cumberland Co.  
 Elmer, Matthew K., Bridgeton, Cumberland Co.  
 Elmer, William, 44 W. State, Trenton.  
 Elsing, Henry C., Ridgefield Park, Bergen Co.  
 Elwell, Alfred M., 330 Cooper, Camden.  
 Ely, Lancelot, Flanders, Morris Co.  
 Emerson, Linn, 231 Main, Orange.  
 Endicott, George W., Seventh, Plainfield.  
 English, David C., 363 George, New Brunswick.  
 English, David E., Millburn, Essex Co.  
 English, James R., 800 Clinton av., Newark.  
 English, James R. Jr., Irvington, Essex Co.  
 Enright, James G., 297 York, Jersey City.  
 Epstein, Henry B., 455 11th, Newark.  
 Evans, Britton D., Morris Plains, Morris Co.  
 Everitt, Chauncey V., 38 Boyd av., Jersey City.  
 Everitt, John R., 38 Boyd av., Jersey City.  
 Ewen, Warren L., Alloway, Salem Co.  
 Ewing, John H., Flemington, Hunterdon Co.  
 Ewing, S. Eldridge, Leesburg, Cumberland Co.  
 Exton, Jas. A., 75 Beach, Arlington, Hudson Co.  
 Faber, John, 289 Central av., Jersey City.  
 Faison, William F., 490 Jersey av., Jersey City.  
 Farr, J. C. Jr., 1233 Garden, Hoboken.  
 Farrow, J. Willard, Dover, Morris Co.  
 Farrow, Levi, Hackettstown, Warren Co.  
 Fayerman, Walter B., 29 N. Ohio av., Atlantic City.  
 Fee, E. K., Lawrenceville, Mercer Co.  
 Felty, John C., P. O. Box 258 Trenton.  
 Ferguson, B. W., Beemerville, Sussex Co.  
 Feury, N. Frederick, 687 Bergen av., Jersey City.  
 Fewsmith Joseph, 47 Central av., Newark.  
 Fewsmith, Joseph L., 76 Central av., Newark.  
 Field, Edwin, Red Bank, Monmouth Co.  
 Filbert, C. E., Morris and Atlantic aves., Atlantic City.  
 Finke, Charles H., 315 York, Jersey City.  
 Finn, J. Frederick, 157 Danforth av., Jersey City.  
 Finn, Joseph F., 157 Danforth av., Jersey City.  
 Fischer, Arnim, 539 High, Newark.  
 Fischer, George, 77 Fair, Paterson.  
 Fish, C. M., Pleasantville, Atlantic Co.  
 Fisher, Claudius R. P., Bound Brook.  
 Fisler, C. Frank, Clayton, Gloucester Co.  
 Fitch, Thomas S. P., 14 Prospect, Orange.  
 Fitch, George W. H., Daretown, Salem Co.  
 Fithian, George W., 195 High, Perth Amboy.  
 Fithian, Joel W., 608 Broadway, Camden.  
 Flagge, Frederick W., Rockaway, Morris Co.  
 Fliteroft, William, 510 River, Paterson.  
 Flood, G. Balleray, 115 Broadway, Paterson.  
 Flynn, John J., Mt. Holly, Burlington Co.  
 Flynn, Thomas H., Somerville, Somerset Co.  
 Fogg, Edward S., Bridgeton, Cumberland Co.  
 Foley, Michael F., 710 Hudson, Hoboken.  
 Forman, Archibald C., 41 W. 32d, Bayonne.  
 Forman, D. McLean, Freehold, Monmouth Co.  
 Forman, Howard S., 640 Bergen av., Jersey City.  
 Foster, George H., Rockaway, Morris Co.  
 Foster, W. S., 111 Bloomfield av., Newark.  
 Frace, P. W., 106 Eleventh, Hoboken.  
 Francis, Richard P., 12 Plymouth, Montclair.  
 Franckle, C. S., Millville, Cumberland Co.  
 Franklin, George H., Hightstown, Mercer Co.  
 Franklin, Louis, 125 Palisade av., Jersey City.  
 Frederick, Gustav H., 349 Camden, Newark.  
 Freeland, Frank, Maywood, Bergen Co.  
 Freeman, Richard D., 52 Vose av., South Orange.  
 Freeman, Samuel, 314 S. Broad, Trenton.  
 Friedman, Aaron, 112 Park av., Hoboken.  
 Friele, William, 203 Palisade av., Jersey City.  
 Fritts, John T., 423 Park av., Plainfield.  
 Fulper, Theodore B., Junction, Hunterdon Co.  
 Funk, Joseph, 615 Elizabeth av., Elizabeth.  
 Funkhauser, Edw. B., P. O. Box 258, Trenton.  
 Fyfe, George D., 70 Madison av., Jersey City.  
 Gage, Ruel S., 17 Gould av., Newark.  
 Gale, George Bancroft, Rutherford, Bergen Co.  
 Gale, William, Westfield, Union Co.  
 Galloway, G. E., Irving, Rahway, Union Co.  
 Gamson, Emil, 41 W. 24th, Bayonne.



- Garrabrant, C., 1001 Atlantic av., Atlantic City.  
 Garrison, Daniel, Pennsgrove, Salem Co.  
 Garrison, Joseph E., Ocean City, Cape May Co.  
 Gaston, Mary E., Somerville, Somerset Co.  
 Gaston, W. F., 535 W. Front, Plainfield.  
 Gauch, William, 199 High, Newark.  
 Geddes, Isabel M., 16 James, Newark.  
 Gehring, G. P., Bakersville, Atlantic Co.  
 Gelbach, Rudolphus W., 809 Hudson, Hoboken.  
 Giberson, W. H., Beverly, Burlington Co.  
 Gifford, T. Franklin, Woodbury, Gloucester Co.  
 Gilbert, James D., Bordentown, Burlington Co.  
 Gilchrist, Charles A., 916 Hudson, Hoboken.  
 Gille, Hugo, 149 Congress, Jersey City.  
 Gillson, John T., 391 Main, Paterson.  
 Gillson, Michael W., 11 Lee Pl., Paterson.  
 Glatzmayer, Herman A., 104 13th av., Newark.  
 Glazebrook, Francis H., 106 South, Morristown.  
 Glendon, Walter P., Cedarville, Cumberland Co.  
 Godfrey, E. L. B., 400 Linden, Camden.  
 Goldberg, E. H., 238 Kearny av., Kearny.  
 Good, William T., Quinton, Salem Co.  
 Goodwin, William M., 88 Congress, Newark.  
 Gordon, Altamont L., Burlington.  
 Gordon, Clark H., 930 E. State, Trenton.  
 Gordon, E. J., 1010 Clinton, Trenton.  
 Gorton, Eliot, Summit, Union Co.  
 Graves, William B., 426 Main, East Orange.  
 Gray, Frank D., 79 Summit av., Jersey City.  
 Gray, Thomas N., 224 Main, Orange.  
 Green, James S., 463 N. Broad, Elizabeth.  
 Green, William S., 73 Paterson, Paterson.  
 Greenbaum, Solomon, 142 W. Kinney, Newark.  
 Greenfield, B. A., 145 S. Orange av., Newark.  
 Greenwood, Nathaniel S., Rosenhayn, Cumberland Co.  
 Gregory, T. LaVance, Park av., Englewood, Bergen Co.  
 Grier, Clarence R., 821 S. Fifth, Camden.  
 Grier, Edgar B., 1145 E. Jersey, Elizabeth.  
 Griffith, John H., Phillipsburg, Warren Co.  
 Griffiths, Chauncey B., 145 Monmouth, Newark.  
 Grim, Francis S., Baptistown, Hunterdon Co.  
 Griswold, James B., 176 South, Morristown.  
 Gross, Herman, Main, Metuchen, Middlesex Co.  
 Gross, Onan B., 700 Market, Camden.  
 Guenther, Emil A., 159 W. Kinney, Newark.  
 Guion, Edward, 1408 Atlantic av., Atlantic City.  
 Guttman, Benjamin, 418 George, New Brunswick.  
 Hagar, John F., 88 Ferry, Newark.  
 Hagen, Charles W., 224 S. Orange av., Newark.  
 Hagerty, John F., 207 Central av., Newark.  
 Haggerty, Frederick W., Vienna, Warren Co.  
 Hagney, Frederick W., 67 Penn. av., Newark.  
 Haines, Edward E., 134 David, South Amboy.  
 Haines, Eleanor, 934 Broad, Newark.  
 Haines, J. Clifford, Vincentown, Burlington Co.  
 Haines, J. Ridgway, Mt. Holly, Burlington Co.  
 Haines, Roland I., 3d and Kaighn av., Camden.  
 Haley, John J., Gloucester, Camden Co.  
 Hall, W. E., Burlington.  
 Hall, William J., 438 E. State, Trenton.  
 Hallett, Fred. S., Hackensack, Bergen Co.  
 Halsey, Levi W., 49 Church, Montclair.  
 Halsey, Luther M., Williamstown, Gloucester County.  
 Hamill, Edward H., 230 Roseville av., Newark.  
 Hanan, James T., 200 Claremont av., Montclair.  
 Hance, Irwin H., Lakewood, Ocean Co.  
 Hand, Anna M., Cape May City, Cape May Co.  
 Hand, Leslie L., Millville, Cumberland Co.  
 Harbert, G. Eugene, 540 Main, East Orange.  
 Haring, John J., Tenafly, Bergen Co.  
 Harmon, W. J., 1162 E. State, Trenton.  
 Harreys, C. W., Ridgewood, Bergen Co.  
 Harris, Frank, 215 N. Warren, Trenton.  
 Harris, F. B., Canton, Salem Co.  
 Harris, Philander A., 26 Church, Paterson.  
 Harrison, Joseph B., Westfield, Union Co.  
 Hart, Edward P., 316 Montgomery, Jersey City.  
 Hart, Hugh M., 16 Gouverneur, Newark.  
 Harvey, Edwin H., 20 N. Fla. av., Atlantic City.  
 Harvey, Thomas W., 463 Main, Orange.  
 Haussling, Francis R., 661 High, Newark.  
 Haven, Samuel C., 7 Maple av., Morristown.  
 Havens, Walter, Farmingdale, Monmouth Co.  
 Hawke, Edward S., 22 Montgomery, Trenton.  
 Hawkes, E. Zeh., 15 Central av., Newark.  
 Haydon, Joseph H., 22 Breintnall Pl., Newark.  
 Hecht, John P., Somerville, Somerset Co.  
 Hecht, Max, 324 Shippen, Hoboken.  
 Hedges, B. Van Doren, 703 Watchung av., Plainfield.  
 Hedges, Ellis W., 703 Watchung av., Plainfield.  
 Hedges, Joseph, Branchville, Sussex Co.  
 Heintzlemann, Bert S., 43 W. 33d, Hoboken.  
 Helfer, Samuel A., 626 Hudson, West Hoboken.  
 Hemsath, John, 36 Spruce, Newark.  
 Hendrickson, Daniel D., Middletown, Monmouth County.  
 Hendrickson, Henry A., Atlantic Highlands, Monmouth Co.  
 Henggeler, J. H., 47 Bridge, Paterson.  
 Henion, E. L., 16 Church, Paterson.  
 Henriquez, Henry A., 170 South, Morristown.  
 Henry, Frank C., 134 Perth Amboy.  
 Henry, George A., Raritan, Somerset Co.  
 Henry, John P., 907 Summit av., Jersey City.  
 Hepburn, William M., Freehold, Monmouth Co.  
 Heritage, Charles S., Glassboro, Gloucester Co.  
 Herold, Herman C. H., 77 Congress, Newark.  
 Heron, Alexander M., Lakewood, Ocean Co.  
 Hetherington, Wm. L., 299 Varick, Jersey City.  
 Hewlett, Peter V. P., 181 Plane, Newark.  
 Hewlings, Isaac W., Moorestown, Burlington Co.  
 Hickman, Walter A., 612 Pacific av., Atlantic City.  
 Hicks, William H., 425 S. Orange av., Newark.  
 Higgins, J. F., 398 S. Warren, Trenton.  
 Hill, Christopher S., 102 Grand, Jersey City.  
 Hillegas, Eugene Z., Mantua, Gloucester Co.  
 Hincley, Livingston S., 182 Clinton av., Newark.  
 Hires, Nathaniel S., Salem, Salem Co.  
 Hirst, Levi B., 586 Federal, Camden.  
 Hoagland, B. W., Barron av., Woodbridge.  
 Hoagland, Garret C., Keyport, Monmouth Co.  
 Hoagland, L. B., Oxford, Warren Co.  
 Hoell, Conrad G., 565 Benson, Camden.  
 Hoffman, Peter, 209 Pavonia av., Jersey City.  
 Holcomb, Charles H., 41 W. State, Trenton.  
 Holden, Edgar Jr., 13 Central av., Newark.  
 Holler, Henry B., 291 Verona av., Newark.  
 Hollingshead, Enoch, Pemberton, Burlington Co.  
 Hollingshead, Irving W., 123 S. 18th, Phila., Pa.  
 Hollister, L. Eugene, 138 Clinton av., Newark.  
 Holmes, Edwin, Englewood, Bergen Co.  
 Holmes, George J., 19 Pennington, Newark.  
 Holmes, John C., Cranbury, Middlesex Co.  
 Hood, Bruno, Newton, Sussex Co.  
 Horning, Frank L., 623 Market, Camden.  
 Horsford, Fred C., Morris Plains, Morris Co.  
 Houck, William J., 110 Bloomfield av., Newark.  
 Hough, H. Page, Rahway, Union Co.  
 Howard, Emory, E., Somers Point, Atlantic Co.  
 Howard, J. Edgar, Haddonfield, Camden Co.  
 Howell, George J., 294 Madison av., Perth Amboy.  
 Huger, Joseph, Fort Lee, Bergen Co.  
 Hughes, Fred. J., North Plainfield, Somerset Co.



- Hughes, Morgan D., Layton, Sussex Co.  
 Hummel Ernest G., Shiloh, Cumberland Co.  
 Hummel, Lester H., Salem, Salem Co.  
 Hunt, A. Clark, Holly, Metuchen, Middlesex Co.  
 Hunt, Ralph H., 29 Harrison, East Orange.  
 Hunter, James Jr., Westville, Gloucester Co.  
 Hurff, Joseph E., Blackwood, Camden Co.  
 Husserl, Siegfried, 321 S. Orange av., Newark.  
 Husted, F. B., Quinton, Salem Co.  
 Husted, Joseph M., Clayton, Gloucester Co.  
 Hutchinson, A. Duubar, 419 Chestnut av., Trenton.
- Ill, Charles L., 188 Clinton av., Newark.  
 Ill, Edward J., 1002 Broad, Newark.  
 Ingling, Harry W., Freehold Monmouth Co.  
 Ireland, Milton S., 23 S. Calfa av., Atlantic City.  
 Iszard, William H., 411 N. Fourth, Camden.
- Jackson, Andrew J., Matawan, Monmouth Co.  
 Jacob, A. N., Palmyra, Burlington Co.  
 Jacobs, William H., 95 N. Main, Paterson.  
 Jacobson, Frederick C., 969 Broad, Newark.  
 Jacquemin, T. J., 192 Bergenline av., Union Hill.  
 Jacques, J. Eugene, 74 Waverly, Jersey City.  
 Jaffe, Joseph, Woodbine, Cape May Co.  
 James, Henry C., Mays Landing, Atlantic Co.  
 James, William H., Pennsville, Salem Co.  
 Janeway, Henry H., 17 Livingston av., New Brunswick.
- Janney, Joshua D., Cinnaminson, Burlington Co.  
 Jarrett, Harry, Broadway and Cherry, Camden.  
 Jedel, Meyer, 362 Warren, Newark.  
 Jenkins, Mozart, 136 Walnut av., Trenton.  
 Jennings, William B., Haddonfield, Camden Co.  
 Johnson, Frederick L., Stanton, Hunterdon Co.  
 Johnson, George L., 21 High, Morristown.  
 Johnson, Harry T., Pedrickton, Salem Co.  
 Johnson, John C., Blairstown, Warren Co.  
 Johnson, Jotham C., 11 Tichenor, Newark.  
 Johnson, Samuel, Cookman av., Asbury Park.  
 Johnson, Walter B., 170 Broadway, Paterson.  
 Jones, Ferdinand, Millville, Cumberland Co.  
 Jones, J. Morgan, 121 Sip av., Jersey City.  
 Jones, Ralph R., Toms River, Ocean Co.  
 Jones, William S., 3d and Penn., Camden.  
 Joy J. Addison, 1920 Pacific av., Atlantic City.  
 Judson, A. R., 29 Union, Montclair.  
 Judson, William A., 235 Clifton av., Newark.
- Kain, William W., Fifth and Pine, Camden.  
 Kane, Charles J., 349 Grand, Paterson.  
 Kane, Thomas J., 349 Grand, Paterson.  
 Kaufman, Ernest, 55 New, Newark.  
 Keefe, Stephen J., 1063 E. Jersey, Elizabeth.  
 Keenan, J. Herbert, 22 W. Jersey, Elizabeth.  
 Keim, William F., 7 Roseville av., Newark.  
 Keller, Frank J., 379 Totowa av., Paterson.  
 Kent, George R., 37 Eighth av., Newark.  
 Kent, M. M., 222 N. Warren, Trenton.  
 Kimball, Paul T., Lakewood, Ocean Co.  
 Kinch, Frederick A., Westfield, Union Co.  
 Kice, H. W., Wharton, Morris Co.  
 Kimmouth, Wm. R., Farmingdale, Monmouth Co.  
 Kip, Henry, 90 Fair, Paterson.  
 Kipp, Charles J., 560 Broad, Newark.  
 Kirk, Grant E., 1801 Broadway, Camden.  
 Kirkman, Leroy G., 256 Orange, Newark.  
 Kirsten, A. John, 287 Varick, Jersey City.  
 Kitchen, Joseph M. W., 94 Prospect, East Orange.  
 Klein, Maurice I., 127 Wickliffe, Newark.  
 Kline, William, Phillipsburg, Warren Co.  
 Knapp, Louis C., Hackensack, Bergen Co.  
 Knecht, Cyrus, Matawan, Monmouth Co.  
 Knight, S. R., Spring Lake, Monmouth Co.
- Knowles, Francis E., 162 S. Orange av., S. Orange.  
 Koch, Louis A., 294 Bank, Newark.  
 Korneman, Henry A., 262 15th av., Newark.  
 Korngut, Samuel, 116 Bond, Elizabeth.  
 Kudlich, William L., 408 Hudson, Hoboken.  
 Kuchnc, Richard, 1118 Summit av., Jersey City.  
 Kyte, Calvin F., 816 Pavonia av., Jersey City.
- Laird, George S., Westfield, Union Co.  
 Lake, William A., Cold Spring, Cape May Co.  
 Lalor, William S., 129 N. Warren, Trenton.  
 Lambert, Fred. W., 157 Ocean av., Jersey City.  
 Lamont, George F. M., 202 Clinton av., Newark.  
 Lampson, Mortimer, 322 Pacific av., Jersey City.  
 Lansing, James B. W., Tenaflly, Bergen Co.  
 LaRiew, F. J., Washington, Warren Co.  
 Larison, Francis W., Lambertville, Hunterdon County.
- Lawrence, Alfred, 1086 Elizabeth av., Elizabeth.  
 Laws, George C., Paulsboro, Gloucester Co.  
 Leach, Alouzo L., Cape May City, Cape May Co.  
 Leal, John L., 447 Ellison, Paterson.  
 Leaming, Jonathan, Cape May, C. H.  
 Leaver, Morris H., Quakertown, Hunterdon Co.  
 Leavitt, John F., 522 N. Third, Camden.  
 Lee, Stephen G., 25 Halsted, Orange.  
 Le Fevre, Adrienne L., Blackwood, Camden Co.  
 Lehlbach, Charles F., 537 High, Newark.  
 Leidy, Edwin D., Flemington, Hunterdon Co.  
 Leonard, Isaac E., 28 N. Iowa av., Atlantic City.  
 Levy, Julius, 301 Hunterdon, Newark.  
 Lewis, Alfred A., 102 South, Morristown.  
 Leyenberger, Samuel B. W., 98 Blomfield av., Newark.
- Limeburner, Charles A., 79 Danforth av., Jersey City.
- Lindley, C. L., Lakewood, Ocean Co.  
 Lippincott, A. Haines, 21 Broadway, Camden.  
 Lippincott, Jesse D., 304 Summer av., Newark.  
 Litchfield, Paul N., Mt. Ephraim and Kaighn av., Camden.
- Livengood, Horace R., 1105 E. Jersey, Elizabeth.  
 Livengood, Theo. F., 1105 E. Jersey, Elizabeth.  
 Lloyd, Reba, Bridgeton, Cumberland Co.  
 Lockwood, Frank W., 237 Prospect, E. Orange.  
 Long, Herbert W., 102 Jefferson, Newark.  
 Long, Isaac S., Freehold, Monmouth Co.  
 Long, Monroe, B., 415 Park av., Plainfield.  
 Long, William H. Jr., Somerville, Somerset Co.  
 Loper, John C., Bridgeton, Cumberland Co.  
 Loughnan, Andrew J., 136 Bowery, Newark.  
 Loweree, Thomas W., 30 Hill, Newark.  
 Lowrey, James H., 79 Congress, Newark.  
 Lowy, Otto, 62 Beacon, Newark.  
 Lucas, Henry H., 192 Van Houten, Paterson.  
 Luck, John T., 406 Kossuth av., Town of Union, Hudson Co.
- Luffbarry, M. Jones, Glassboro, Gloucester Co.  
 Lummis, Marshall F., Cape May Court House.  
 Lund, John L., 181 High, Perth Amboy.  
 Luther, Calista V., 151 Scotland rd., So. Orange.
- McAlister, Alexander, 582 Federal, Camden.  
 McBride, Andrew F., 397 Main, Paterson.  
 McCallion, George W., 64 Elizabeth av., Elizabeth.  
 McCloughan, Harvey J., Newton, Sussex Co.  
 McClure, James C., Williamstown, Gloucester Co.  
 McConnell, J. K., Eastman, Cranford, Union Co.  
 McCormick, Daniel L., 253 Mulberry, Newark.  
 McCormick, Henry D., Verona, Essex Co.  
 McCoy, John C., 292 Broadway, Paterson.  
 McDede, Frank, 908 Main, Paterson.  
 McEwen, Floy, 299 Belleville av., Newark.  
 McFadden, Howard, Hackensack, Bergen Co.  
 McGill, John D., 124 Mercer, Jersey City.

- McGill, Peter, Lambertville, Hunterdon Co.  
 McGuire, James, 330 S. Broad, Trenton.  
 McIlwaine, Charles H., 40 W. State, Trenton.  
 McKenzie, Thomas H., 528 E. State, Trenton.  
 McKenzie, William H., 942 Broad, Newark.  
 McKenzie, William V., Graham av., Metuchen.  
 McLaughlin, George E., 41 Crescent av., Jersey City.  
 McLoughlin, Thos. J., 558 Jersey av., Jersey City.  
 McLean, John J., 430 Hoboken av., Jersey City.  
 McLean, Thomas N., 1144 E. Broad, Elizabeth.  
 McNamara, Thomas C., 715 Park av., Hoboken.  
 McWilliams, John F., Somerville, Somerset Co.  
 MacAlister, W. W., 158 Broadway, Paterson.  
 Macintosh, M. Alex., 267 Ellison, Paterson.  
 Maclay, Joseph, 160 Broadway, Paterson.  
 MacMillan, George W., Lakewood, Ocean Co.  
 Macwithey, Amasa A., Riverdale, Morris Co.  
 Madden, T. H., Collingswood, Atlantic Co.  
 Madden, T. H., Collingswood, Atlantic Co.  
 Madden, Walter, 324 S. Broad, Trenton.  
 Madison Keim, Augusta M., 188 Roseville av., Newark.  
 Magennis, Bryan C., 81 Bridge, Paterson.  
 Maghee, James M., 7 Main, West Orange.  
 Mahaffey, Jessie L., Seventh and Elm, Camden.  
 Mallalieu, Frank W., 62 Monticello av., Jersey City.  
 Mallon, Peter S., Morris Plains, Morris Co.  
 Marcy, Alexander, Riverton, Burlington Co.  
 Marcy, Alexander Jr., Riverton, Burlington Co.  
 Marcy, Frederick W., Sixth and Penn., Camden.  
 Marcy, John W., Merchantville, Camden Co.  
 Marcy, Virgil M. D., Cape May, Cape May Co.  
 Markley, Paul H., 515 Cooper, Camden.  
 Marks, Edward G., Elshermius, Arlington.  
 Marsh, Elias J., 600 Park av., Paterson.  
 Marsh, Elias J., Jr., 24 Church, Paterson.  
 Marshall, Jos. C., 1517 Pacific av., Atlantic City.  
 Marshall, Joseph C., Tuckahoe, Cape May Co.  
 Marshall, Randolph, Tuckahoe, Cape May Co.  
 Martin, William, Bristol, Pa.  
 Martindale, J. W., 2303 Federal, Camden.  
 Martinetti, Carlo, 139 Center Orange.  
 Martland, William H., 1138 Broad, Newark.  
 Marvel, Emory, 811 Pacific av., Atlantic City.  
 Marvel, Philip, 1616 Pacific av., Atlantic City.  
 Matthews, Henry E., 12 Hillside av., Orange.  
 Matthews, William J., 1009 Garden, Hoboken.  
 Mayhew, Charles H., Millville, Cumberland Co.  
 Mayhew, Samuel D., Bridgeton, Cumberland Co.  
 Meacham, Eugene A., 120 Davis, South Amboy.  
 Mead, Sarah R., 16 James, Newark.  
 Mecray, James, Cape May City, Cape May Co.  
 Mecray, Paul M., 405 Cooper, Camden.  
 Megaro, Panerazio M., 313 High, Newark.  
 Meeker, Frank B., 63 First, Newark.  
 Meigh, Josiah, Bernardsville, Somerset Co.  
 Melcher, W. P., Pemberton, Burlington Co.  
 Mendenhall, C. D., Bordentown, Burlington Co.  
 Menk, Paul E., 29 13th av., Newark.  
 Mercelis, Elizabeth, 17 Plymouth, Montclair.  
 Mercer, Archibald, 31 Washington, Newark.  
 Merrill, Charles F., 78 First, Newark.  
 Merrill, John R., 15 Church, Paterson.  
 Merrill, William H., South Branch, Somerset Co.  
 Metzger, Emma P. W., Riverside, Burlington Co.  
 Metzler, Victor W., LeGrand Apart., Atlantic City.  
 Meyer, Franklin L., 122 Halsey, Newark.  
 Meyer, W., 446 Clinton av., West Hoboken.  
 Mial, Leonides L., Morristown, Morris Co.  
 Miller, Charles N., German Valley, Morris Co.  
 Miller, Elijah, Ocean City, Cape May Co.  
 Miller H. Garrett, Millville, Cumberland Co.  
 Miller, J. N. Newton, Sussex Co.  
 Miller, William E., 8th and Mt. Vernon, Camden.  
 Mills, Andrew M., 122 Washington, Newark.  
 Mills, Clifford, 11 De Hart, Morristown.  
 Millspaugh, Daniel T., 43 Totowa av., Paterson.  
 Mines, Marcus K., 532 West, Camden.  
 Mitchell, Augustus J., 74 South, Newark.  
 Mitchell, Charles, 116 Centre, Trenton.  
 Mitchell, Henry, 1201 Grand av., Asbury Park.  
 Mitchell, Winthrop D., 23 S. Grove, East Orange.  
 Moeing, J. A., Park Ridge, Bergen Co.  
 Montfort, Robert J., 1051 East Jersey, Elizabeth.  
 Mooney, John J., 554 Jersey av., Jersey City.  
 Moore, Edward H., Asbury, Warren Co.  
 Moore, George R., 259 Hamilton av., Trenton.  
 Moore, John, Sussex, Sussex Co.  
 Moore, John D., Bloomfield, Essex Co.  
 Moore, John H., Bridgeton, Cumberland Co.  
 Moore, William M., 79 Livingston av., New Brunswick.  
 Morrill, James P., 8 Church, Paterson.  
 Morris, Clement, 75 Washington av., Newark.  
 Morris, Stephen V., Hasbrouck Heights, Bergen County.  
 Morrison, Daniel L., Paterson and Elm, New Brunswick.  
 Morrison, Ephraim, Newton, Sussex Co.  
 Mravlag, Victor, 1062 E. Jersey, Elizabeth.  
 Mulvaney, Edward, 487 Jersey av., Jersey City.  
 Murray, Eugene W., 493 Summer av., Newark.  
 Murray, William H., 737 Watchung av., Plainfield.  
 Muttart, George W., 702 Ocean av., Jersey City.  
 Nadler, Frederick C., 31 Green, Newark.  
 Nash, Alfred B., Frenchtown, Hunterdon Co.  
 Nash, Albert B., 10 S. 13th, Newark.  
 Neale, Charles B., Millville, Cumberland Co.  
 Neare, Clifford R., 2 Hawthorne av., E. Orange.  
 Neer, Henry C., Park Ridge, Bergen Co.  
 Neer, Rush, 95 Bridge, Paterson.  
 Neer, William, 87 Fair, Paterson.  
 Nelson, A., 105 Grand, Jersey City.  
 Nevin, John, Boul. and Kensington av., Jersey City.  
 Newcomb, Marcus W., 35 Harrison, East Orange.  
 Newell, William L., Millville, Cumberland Co.  
 Newman, Emanuel D., 81 New, Newark.  
 Newton, Anne B., 137 S. Orange av., So. Orange.  
 Newton, Richard C., 42 Church, Montclair.  
 Newton, William K., 379 Ellison, Paterson.  
 Nicholson, Joseph L., 400 Penn., Camden.  
 Noble, Willis C., 55 S. Fullerton av., Montclair.  
 Nolte, Henry W., 255 Mulberry, Newark.  
 North, James, 29 S. Tenn. av., Atlantic City.  
 Norton, Horace G., 429 E. State, Trenton.  
 Norval, William A., 419 Main, Paterson.  
 O'Connor, J. F., 35 Kearny av., Kearny, Hudson.  
 O'Donnell, James, 82 Ward, Paterson.  
 Oestman, August W., 961 Summit av., Jersey City.  
 O'Grady, Thomas F., 374 Grand, Paterson.  
 Oliphant, Eugene T., Bridgeport, Gloucester Co.  
 Oliphant, Nelson B., 152 W. State, Trenton.  
 Oliver, David H., Bridgeton, Cumberland Co.  
 Opdyke, Ralph, 27 S. Fullerton av., Montclair.  
 O'Reilly, Edward R., 167 Second, Elizabeth.  
 O'Reilly, Harry M., 94 Maple av., Morristown.  
 Osmun, L. C., Washington, D. C.  
 Osmun, Louis C., Hackettstown, Warren Co.  
 Osmun, Milton W., 815 Broadway, Camden.  
 Owen, Frederick W., 48 South, Morristown.  
 Palm, Howard E., 614 N. Second, Camden.  
 Parker, George H., 420 E. State, Trenton.  
 Parker, William J., 694 Bergen av., Jersey City.



- Parry, William C., Mt. Holly, Burlington Co.  
 Parsell, Louis B., Closter, Bergen Co.  
 Parsons, John C., 311 York, Jersey City.  
 Parsons, Richard H., Mt. Holly, Burlington Co.  
 Partree, R. T., Eatontown, Monmouth Co.  
 Paul, Fred. M., 553 Mt. Prospect av., Newark.  
 Paxton, John P., 349 Van Houten, Paterson.  
 Payne, Joseph, Midland Park, Bergen Co.  
 Peck, Edward E., Caldwell, Essex Co.  
 Pellet, J. B., Hamburg, Sussex Co.  
 Pelouze, Percy S., 671 Springfield av., Newark.  
 Pennington, William, Irvington, Essex Co.  
 Perkins, James T., Cranford, Union Co.  
 Petry, William, 325 So. Orange av., Newark.  
 Pétis, Albert, 49 Somerset, Plainfield.  
 Pettit, Alonzo, 116 W. Grand, Elizabeth.  
 Pezze, Luigi 280 Fourth, Jersey City.  
 Philhower, George B., Nutley, Essex Co.  
 Phillips, Cyrus B., Hurffville, Gloucester Co.  
 Physick, Emlen, Cape May City, Cape May Co.  
 Pierson, Frederick H., 440 N. Broad, Cranford.  
 Pierson, Henry C., Roselle, Union Co.  
 Pierson, H. Morton, Roselle, Union Co.  
 Pierson, L. A., Hopewell, Mercer Co.  
 Pierson, Stephen, 70 South, Morristown.  
 Pike, H. V., 144 Hamilton av., Paterson.  
 Pinneo, Frank W., 199 Garside, Newark.  
 Piskorski, Abdon V., 261 5th av., Jersey City.  
 Pittis, Godfrey, Allendale, Bergen Co.  
 Pittis, Harold, Lakehurst, Ocean Co.  
 Pollak, B. S., 241 Grove, Jersey City.  
 Pollard, Wm. M., 25 S. So. Carolina av., Atlantic City.  
 Poole, Louis, 521 Palisade av., West Hoboken.  
 Porter, Katherine, 149 William, Orange.  
 Potter, Palmer A., 469 Main, East Orange.  
 Potter, Robert C., 34 Centre, Newark.  
 Powell, William R., 702 Market, Camden.  
 Pratt, John E., Dumont, Bergen Co.  
 Pratt, William H., 406 N. Sixth, Camden.  
 Presley, Sophie, 323 N. Fourth, Camden.  
 Price, Franklin C., Imlaystown, Monmouth Co.  
 Price, J. C., Branchville, Sussex Co.  
 Price, Nathaniel G., 62 Boston, Newark.  
 Price, Theophilus T., Tuckerton, Ocean Co.  
 Prickett, E. D., Mt. Holly, Burlington Co.  
 Probasco, John B., 175 E. Front, Plainfield.  
 Probasco, Norman H., Plainfield.  
 Proctor, James W., Englewood, Bergen Co.  
 Prout, Thomas P., Summit, Union Co.  
 Pulsford, Henry A., 139, So. Orange av., South Orange.  
 Purdy, Chas. H., 312 Montgomery, Jersey City.  
 Pyle, Immanuel, 54 Monticello av., Jersey City.  
 Pyle, Wallace, 713 Bergen av., Jersey City.  
 Quimby, William O'G., 80 Columbia, Newark.  
 Quinn, Stephen T., 125 Jefferson av., Elizabeth.  
 Rafferty, P. A., Red Bank, Monmouth Co.  
 Ramsdell, Ernest S., 423 Linden, Camden.  
 Ramsey, Murray E., 2 Park, Jersey City.  
 Ramsey, William E., 193 High, Perth Amboy.  
 Rand, John M., 12 Hill, Newark.  
 Randall, Charles H., 50 Third av., Newark.  
 Randolph, John M., 131 Main, Rahway.  
 Ranson, Briscoe B., Jr., Maplewood, Essex Co.  
 Reading, George E., Woodbury, Gloucester Co.  
 Reason, J. J., Carteret, Union Co.  
 Rector, Joseph M., 307 York, Jersey City.  
 Reddan, Martin W., 113 W. State, Trenton.  
 Read, C. H., S. Warren and Fall, Trenton.  
 Read, Joshua W., 82 Park place, Newark.  
 Reed, Eugene L., 920 Pacific av., Atlantic City.  
 Reed, James J., Sca Bright, Monmouth Co.  
 Reed, Talbot, 104 S. Rhode Island av., Atlantic City.  
 Reed, Thomas K., 22 N. Penn. av., Atlantic City.  
 Reese, James M., Phillipsburg, Warren Co.  
 Reich, S. A., 118 Bowers, Jersey City.  
 Reiley, Edward A., 20 S. Tenn. av., Atlantic City.  
 Reilly, John P., 215 Elizabeth av., Elizabeth.  
 Reynolds, Walter, 27 S. Indiana av., Atlantic City.  
 Richardson, Emma M., 581 Stevens, Camden.  
 Richman, Edward M., 252 Mulberry, Newark.  
 Ricord, Philip, 268 Bank, Newark.  
 Riggins, Edwin N., 225 Midland av., E. Orange.  
 Ridgway, George M., 140 W. State, Trenton.  
 Riordan, John, Carlstadt, Bergen Co.  
 Risk, J. Boyd, Summit, Union Co.  
 Ritter, John J., 16 Smith, Paterson.  
 Riva, Ferdinand S., Main st., Milltown.  
 Roberts, Edgar, Keyport, Monmouth Co.  
 Robertson, Frederick C., 792 Grand, Jersey City.  
 Robertson, Samuel E., 344 Lafayette, Newark.  
 Robinson, Benjamin D., 265 Mulberry, Newark.  
 Robinson, E. S., Newport, Cumberland Co.  
 Robinson, Frank Neall, 518 Linden, Camden.  
 Robinson, Manning N., 159 Elm, Newark.  
 Robinson, William D., 12 S. Grove, East Orange.  
 Roden, Hugh P., 345 Washington, Newark.  
 Roeber, William J., 24 Monmouth, Newark.  
 Rogers, Benj. H., 213 Broadway, Paterson.  
 Rogers, Elmer H., 126 N. Warren, Trenton.  
 Rogers, George A., 1 Wallace, Newark.  
 Rogers, Robert H., 64 South 10th, Newark.  
 Rogers, R. R. Sr., 110 E. Hanover, Trenton.  
 Rogers, R. R. Jr., 610 Perry, Trenton.  
 Romine, George L., Lambertville, Hunterdon Co.  
 Rosenkrans, James H., 826 Hudson, Hoboken.  
 Rosensohn, William, 310 Dodd, East Orange.  
 Ross, Alexander S., 608 Benson, Camden.  
 Rostow, Clarence, 655 High, Newark.  
 Rowe, Norman L., 798 Grand, Jersey City.  
 Rue, Henry B., 931 Bloomfield, Hoboken.  
 Runyon, Mefford, 110 Irvington av., So. Orange.  
 Russell, Anthony B., 44 William, East Orange.  
 Russi, Oscar J., 221 Pavonia av., Jersey City.  
 Ryan, John N., 136 Jefferson, Passaic.  
 Ryerson, John G., Boonton, Morris Co.  
 Salmon, Leon T., Lambertville, Hunterdon Co.  
 Sandt, Frank R., 354 Park av., Paterson.  
 Sandy, William C., P. O. Box 258, Trenton.  
 Sauer, Ferdinand W., 314 Varick, Jersey City.  
 Saulsberry, Chas. E., Mays Landing, Atlantic Co.  
 Saunders, Orris W., 1813 S. Sixth, Camden.  
 Scammel, F. G., 413 E. State, Trenton.  
 Schaufler, Wm. Gray, Lakewood, Ocean Co.  
 Schellenger, Edw. A. Y., 429 Cooper, Camden.  
 Schenck, William H., Flemington, Hunterdon Co.  
 Schlemm, Richard, 116 Palisade av., Town of Union, Hudson Co.  
 Schlichter, Chas. H., 1053 Elizabeth av., Elizabeth.  
 Schneider, Charles A., 44 Hillside pl., Newark.  
 Schoening, G. A., 223 Perry, Trenton.  
 Schopfer, William A., 43 Read, Newark.  
 Schureman, Charles A., 22 Hill, Newark.  
 Schwarz, Emanuel, 561 High, Newark.  
 Scott, George, 1109 Pacific av., Atlantic City.  
 Scribner, Charles H., 82 Ward, Paterson.  
 Sealy, Edward, 369 Washington, Newark.  
 Seeds, J. B., 495 Centre, Trenton.  
 Seibert, Edgar C., 436 Main, Orange.  
 Seidler, William F., 21 Ferry, Newark.  
 Seidman, Marcus, 580 High, Newark.  
 Sell, Frederick W., Rahway, Union Co.  
 Selover, W. Updyke, Rahway, Union Co.  
 Senseman, Theo., 101 St. Charles pl., Atlantic City.



- Seward, Frederick L., Madison, Morris Co.  
 Sexsmith, George H., 719 Ave. C., Bayonne.  
 Shailer, Sumner, 271 Clinton av., Newark.  
 Shangle, Milton A., 1148 E. Jersey, Elizabeth.  
 Shannon, Patrick A., 133 Albany, New Brunswick.  
 Sharp, Ezra B., 412 Broadway, Camden.  
 Sharp, Jennie S., 412, Broadway, Camden.  
 Sharp, Edward S., 30 N. Georgia av., Atlantic City.  
 Shaul, Frederick G., Bloomfield, Essex Co.  
 Shaw, Harry E., Long Branch, Monmouth Co.  
 Shaw, Joseph B., 119 S. Warren, Trenton.  
 Sheiner, L. H., Bergenline av., Town of Union.  
 Shepherd, Ira M., 188 S. Broad, Trenton.  
 Sheppard, Frank R., Millville, Cumberland Co.  
 SHERA, George W., 489 Jersey av., Jersey City.  
 Sherk, Henry H., 2647 Westfield av., Camden.  
 Sherman, Elbert S., 191 Sumner av., Newark.  
 Sherron, C. M., Salem, Salem Co.  
 Shick, William F., 31 Park, Newark.  
 Shimer, A. Burton, 606 Pacific av., Atlantic City.  
 Shipps, William H., Bordentown, Burlington Co.  
 Shirrefs, Russell A., 1158 E. Jersey, Elizabeth.  
 Sickenburger, Ernest, Rutherford, Bergen Co.  
 Silvers, Elihu B., Rahway, Union Co.  
 Simmons, M. Herbert, 225 Cleveland, Orange.  
 Simmons, Wesley Grant, Swedesboro, Gloucester Co.  
 Simpson, Maxwell S., Middle Valley, Morris Co.  
 Sinclair, Robert R., Westfield, Union Co.  
 Skinner, Daniel M., 232 Main, Belleville.  
 Slack, Clarence M., 50 Livingston av., New Brunswick.  
 Slaughter, James M., Wildwood, Cape May Co.  
 Slocum, Harry B., Long Branch, Monmouth Co.  
 Small, Alexander H., Riverside, Burlington Co.  
 Smalley, Mahlon C., Gladstone, Somerset Co.  
 Smith, Anna L., 50 N. Fullerton av., Montclair.  
 Smith, Arthur L., 62 Bayard, New Brunswick.  
 Smith, Houghton, 1007 Division, Trenton.  
 Smith, D. Winans, 201 Walnut, Newark.  
 Smith, Charles B., Washington, Warren Co.  
 Smith, J. Anson, Blackwood, Camden Co.  
 Smith, James W., 33 Clark, Paterson.  
 Smith, John F., Salem, Salem Co.  
 Smith, Thomas J., Bridgeton, Cumberland Co.  
 Snyder, Sharp M., Greenwich, Cumberland Co.  
 Snyder, Quintus E., Quakertown, Hunterdon Co.  
 Somers, M. Leroy, 2012 Pacific av., Atlantic City.  
 Sommers, George N. J., 229 Perry, Trenton.  
 Sooy, R. M., Pleasantville, Atlantic Co.  
 Souder, Lewis R., 1910 Pacific av., Atlantic City.  
 Sparks, U. S. Grant, Mantua, Gloucester Co.  
 Sparrenberger, Fred H., Fort Mott, Salem Co.  
 Spence, Henry, 681 Bergen av., Jersey City.  
 Spencer, Ira T., Woodbridge, Middlesex Co.  
 Sprenger, William A., 451 Kaighn av., Camden.  
 Sproul, Obadiah H., Flemington, Hunterdon Co.  
 Squier, Manning F., 234 Harrison av., Harrison.  
 Stack, Joseph F., 212 Garden, Hoboken.  
 Staehlin, Edward, 493 High, Newark.  
 Stage, Jacob S., 95 Jefferson, Newark.  
 Stanger, Samuel F., Harrisonville, Gloucester County.  
 Stanwood, Robert G., 117 N. Sixth, Newark.  
 Steadman, Eban T., 635 Washington, Hoboken.  
 Steadman, Walter, 213 Garden, Hoboken.  
 Steiner, Edwin, 1 Sterling, Newark.  
 Stellwagon, Frank D., 530 Union pl., Town of Union, Hudson Co.  
 Stephens, David, 229 George, New Brunswick.  
 Stern, Arthur, 218 E. Jersey, Elizabeth.  
 Stevens, Pliny F., 950 Ave. D, Bayonne.  
 Stevenson, John R., Haddonfield, Camden Co.  
 Stevenson, William D., 303 E. State, Trenton.  
 Stewart, James M., 181 Van Houten, Paterson.  
 Stewart, Robert, 824 Grand, Jersey City.  
 Stewart, W. Blair, 43 S. No. Carolina av., Atlantic City.  
 Stillwell, Aaron L., Somerville, Somerset Co.  
 Stilwagon, P. E., Bridgeport, Gloucester Co.  
 Stinson, Richard, 152 Broadway, Paterson.  
 Stites, Ellsmore, Bridgeton, Cumberland Co.  
 Stites, J. A., Springfield, Union Co.  
 St. John, David, 256 State, Hackensack.  
 Stoddart, F. S. J., Rydal, Pa.  
 Stokes, Joseph, Moorestown, Burlington Co.  
 Stone, Burton D., Westwood, Bergen Co.  
 Stout, Daniel M., Berlin, Camden Co.  
 Stout, Harry A., Wenonah, Gloucester Co.  
 Strasser, August A., 115 Beach, Arlington.  
 Stratton, William M., Woodbury, Gloucester Co.  
 Strickland, G. W., Roselle, Union Co.  
 Strock, Daniel, 818 Federal, Camden.  
 Stroud, Frank G., Moorestown, Burlington Co.  
 Sullivan, John J., 51 Passaic av., Passaic.  
 Sulonff, S. Henry, 10 W. Hamilton pl., Jersey City.  
 Summis, C. Percy, Pennsgrove, Salem Co.  
 Surnamer, Isaac, 89 Bridge, Paterson.  
 Sutphen, Carl E., 181 Roseville av., Newark.  
 Sutphen, Edward B., 907 Broad, Newark.  
 Sutphen, Theron Y., 907 Broad, Newark.  
 Sutton, E., German Valley, Morris Co.  
 Suydam, John L., Jamesburg, Middlesex Co.  
 Swayze, A. A., 47 Essex, Hackensack, Bergen Co.  
 Swiney, M. A., 283 Ave. C, Bayonne.  
 Symmes, Henry C., Cranbury, Middlesex Co.  
 Synnott, Martin J., 26 S. Fullerton av., Montclair.  
 Tarbell, Henry A., 28½ Thomas, Newark.  
 Tattersall, Joseph, 1042 Main, Paterson.  
 Taylor, H. Genet, 305 Cooper, Camden.  
 Taylor, John L., Boonton, Morris Co.  
 Taylor, Sewell O. B., Millstone, Somerset Co.  
 Teeter, Charles E., 418 Orange, Newark.  
 Teimer, Theodore, 450 High, Newark.  
 Temple, Arthur H., 164 Jefferson, Passaic.  
 Terhune, Percy H., 162 Gregory av., Passaic.  
 Terhune, Richard A., 162 Gregory av., Passaic.  
 Terriberry, George W., 146 Broadway, Paterson.  
 Tetreault, Francis J. E., 110 Main, Orange.  
 Thompson, Charles H., Belmar, Monmouth Co.  
 Thompson, J. R. C., Bridgeton, Cumberland Co.  
 Titus, Charles W., 126 N. Seventh, Newark.  
 Titus, George E., Hightstown, Mercer Co.  
 Todd, Francis H., 218 Broadway, Paterson.  
 Tomlinson, Joseph 104 W. Commerce, Bridgeton.  
 Tomlinson, R. D., Plainfield, Union Co.  
 Tomlinson, Thomas H., 212 La Grand av., Plainfield.  
 Towar, Chas. G., Le Grand Apart., Atlantic City.  
 Towle, Henry A., 16 Halsey, Newark.  
 Townsend, Mary E., 13 S. Pa. av., Atlantic City.  
 Townsend, Theodore E., Westwood, Bergen Co.  
 Tracy, G. T., Beverly, Burlington Co.  
 Trainor, James H., 131 Elm, Newark.  
 Treganowan, Ambrose, South Amboy.  
 Trout, W. W., Spring Lake, Monmouth Co.  
 Tuers, George E., 12 Church, Paterson.  
 Tunison, G. O., Oxford, Warren Co.  
 Turner, Wm. F., 562 Jefferson av., Elizabeth.  
 Tutschulte, Ernest, 149 Polk, Newark.  
 Twinch, Sidney A., 598 Broad, Newark.  
 Tyrrell, George W., 222 State, Perth Amboy.  
 Underwood, Charles F., 259 Mt. Prospect av., Newark.  
 Utter, Sylvester, 12 Church, Paterson.

- Vail, Herbert B., 282 Washington av., Belleville.  
 Van Alstyne, William B., Westfield, Union Co.  
 Van Deestin, H. T., 619 Garden, Hoboken.  
 Vanderbeck, A. B., 174 Broadway, Paterson.  
 Van Duyn, W. B., 133 Perry, Trenton.  
 Van Duyne, Sarah E., 245 Belleville av., Newark.  
 Van Dyke, Joseph S., Hackensack, Bergen Co.  
 Van Gaasbeck, Harvey D., Sussex, Sussex Co.  
 Van Horn, Alfred F., 514 Central av., Plainfield.  
 Van Horne, Byron G., Englewood, Bergen Co.  
 Van Horne, Carrie H., Englewood, Bergen Co.  
 Van Riper, A. Ward, 207 Main av., Passaic.  
 Van Riper, Cornelius, 207 Main av., Passaic.  
 Van Sciver, John E. L., 4th and Berkeley, Camden.  
 Van Syckle, Alva C., Hackettstown, Warren Co.  
 Van Wagenen, George A., 101 N. Sixth, Newark.  
 Vaughan, Harry, 45 Washington, Morristown.  
 Ver Nooy, Benjamin A., Waldwick, Bergen Co.  
 Vigna, Fortunato, 35 Ward, Paterson.  
 Vinton, Maria M., 15 Halsted pl., East Orange.  
 Voelbel, Benjamin H., Vailsburg, Essex Co.  
 Voorhees, N. W., 207 N. Broad, Elizabeth.  
 Voorhees, Shepard, Newton, Sussex Co.  
 Vreeland, Clarence M., 96 Danforth av., Jersey City.  
 Vreeland, Hamilton, 79 Summit av., Jersey City.  
 Vreeland, George, 127 Hamburg av., Paterson.  
 Vreeland, William, 2 Park, Jersey City.  
 Vroom, William L., Ridgewood, Bergen Co.  
 Wade, John W. Millville, Cumberland Co.  
 Waddington, B. Archer, Salem, Salem Co.  
 Wagner, Otto, 1071 Elizabeth av., Elizabeth.  
 Wainright, F. P., Bridgeton, Cumberland Co.  
 Wainright, James B., Manasquan, Monmouth Co.  
 Waite, George N., 569 High, Newark.  
 Wales, Wesley R., Cape May City, Cape May Co.  
 Wallace, Henry, Glen Ridge, Essex Co.  
 Wallhauser, Henry J. F., 47 New, Newark.  
 Walling, W. H., 1209 Pacific av., Atlantic City.  
 Walschied, A. John, 309 Fulton, Town of Union.  
 Walters, John, Wharton, Morris Co.  
 Ward, Aaron C., 325 Clinton av., Newark.  
 Ward, Alfred Wycoff, Closter, Bergen Co.  
 Ward, Edwin M., Bloomfield, Essex Co.  
 Ward, Gertrude P., Bloomfield, Essex Co.  
 Ward, John W., P. O. Box 258, Trenton.  
 Ward, William J., 323 Bank, Newark.  
 Ware, James W., Ave. C and 46th Bayonne.  
 Warman, David, 239 Chestnut av., Trenton.  
 Warneke, Frank, 310 First av., Elizabeth.  
 Warner, William B., Red Bank, Monmouth Co.  
 Warner, William H. A., 400 Central av., E. Orange.  
 Warren, George L., 77 Houston, Newark.  
 Warren, William H., 181 Verona av., Newark.  
 Washington, Walter S., 8 Washington pl., Newark.  
 Waters, Charles H., 50 W. Hanover, Trenton.  
 Watson, Wm. Perry, 35 Bentley av., Jersey City.  
 Way, Eugene, Dennisville, Cape May Co.  
 Way, Julius, Cape May C. H., Cape May Co.  
 Webner, Frederick C., 96 Clinton av., Newark.  
 Webster, Daniel K., Ohiopyle, Penn.  
 Webster, J. Bart, 132 S. Maryland av., Atlantic City.  
 Weeks, David F., 508 W. State, Trenton.  
 Weeks, Henry M., Skillman, Somerset Co.  
 Weiss, Louis, 227 S. Orange av., Newark.  
 Welch, George T., 110 Passaic av., Passaic.  
 Welch, Joseph, 227 Broadway, Long Branch.  
 Wells, Joseph M., 922 Edgewood av., Trenton.  
 Welshman, George O., 150 Summer av., Newark.  
 Werst, Nevin B., Egg Harbor City, Atlantic Co.  
 West, John E., Ocean av. and Union, Jersey City.  
 Westcott Frank W., Fanwood, Union Co.  
 Westcott, William A., Berlin, Camden Co.  
 Wheeler, H. S., Whippany, Morris Co.  
 Wherry, Elmer G., 414 Clinton av., Newark.  
 White, Frank H., Hackensack, Bergen Co.  
 White, J. Orlando, 329 Cooper, Camden.  
 White, William H., Bloomfield, Essex Co.  
 Whitehead, Rufus B., 310 First av., Elizabeth.  
 Whitehorne, Henry B., Verona, Essex Co.  
 Whitenack M. Royal, 19 Bathgate, pl., Newark.  
 Whitmore, Walter S., Red Bank, Monmouth Co.  
 Wickman, Albert, 325 Washington, Newark.  
 Wiegand, Otto A., 1151 Summit av., Jersey City.  
 Wigg, Cuthbert, Boonton, Morris Co.  
 Wikoff, James Holmes, Princeton, Mercer Co.  
 Wilbur, George F., 711 Grand av., Asbury Park.  
 Wilbur, William, Hightstown, Mercer Co.  
 Wild, Frederick A., Bound Brook, Somerset Co.  
 Wilkinson, Geo. H., Moorestown, Burlington Co.  
 Wilkinson, Geo. W. V., 12 De Hart, Morristown.  
 Williams, Charles M., Washington, Warren Co.  
 Williams, Louis C., Lambertville, Hunterdon Co.  
 Williamson, Alex., 513 First av., Asbury Park.  
 Willoughby, M. K., 14 Westfield av., Roselle.  
 Wills, Joseph H., Third and Penn., Camden.  
 Wilson, Charles W., Vineland, Cumberland Co.  
 Wilson, Howard A., Woodbury Gloucester Co.  
 Wilson, John G., 186 High, Perth Amboy.  
 Wilson, Norton L., 410 Westminster av., Elizabeth.  
 Wilson, Stacy M., Bridgeton, Cumberland Co.  
 Wilson, W. Stockton, 96 Montclair av., Newark.  
 Wingender, Wendell P., 8th and Market, Camden.  
 Winslow, John H., Vineland, Cumberland Co.  
 Wintersteen, J. Boone, Moorestown, Burlington County.  
 Wolfe, William J., Chatham, Morris Co.  
 Wolff, Ferdinand C., 1136 Garden, Hoboken.  
 Wolfson, Joseph, 302 Montgomery, Jersey City.  
 Wood, Orran A., Magnolia, Camden Co.  
 Woodhull, Alfred A., Princeton, Mercer Co.  
 Woodruff, Stanley R., 22 W. 22d, Bayonne.  
 Woods, A. L., South River, Middlesex Co.  
 Woolley, Scudder J., 167 Chelsea av., Long Branch.  
 Woolston, E. B., Marlton, Camden Co.  
 Worl, Edward E., 271 High, Newark.  
 Wormley, James A., 83 New, Newark.  
 Wort, Fred. J. Jr., 184 Clinton av., Newark.  
 Wrightston, James T., 12 Central av., Newark.  
 Wyckoff, J. Talmage, Leonia, Bergen Co.  
 Wyler, Max, Fort Lee, Bergen Co.  
 Yard, P. W., 727 S. Broad, Trenton.  
 Young, Charles, 23 E. Kinney, Newark.  
 Young, Irene D., Bordentown, Burlington Co.  
 Young, Joseph C., 964 Broad, Newark.  
 Young, Peter C., Ringoes, Hunterdon Co.  
 Zabriskie, Samuel J., Westwood, Bergen Co.  
 Zandt, Frederic B., Harlingen, Somerset Co.  
 Zeglio, Peter J., North Plainfield, Somerset Co.  
 Zeh, Charles M., 15 Central av., Newark.

# SUPPLEMENT TO THE JOURNAL

OF THE

## Medical Society of New Jersey.

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### CONSTITUTION.

#### ARTICLE I.

##### CONSTITUTION.

Constitution.

NAME.—The name and title of this organization shall be "The Medical Society of New Jersey."

#### ARTICLE II.

##### PURPOSE OF THE SOCIETY.

Purpose of the  
Society.

OBJECT.—The purposes of this society shall be: First—To federate and organize the medical profession of the State of New Jersey. Second—To unite with similar organizations of other States, to compose the American Medical Association. Third—To advance medical science and elevate professional character; to safeguard the material interests of the profession and promote friendly relations among its members; to educate the public in preventive medicine and hygiene; and in all to render the medical profession most capable in its service to humanity.

#### ARTICLE III.

##### COMPONENT SOCIETIES.

Component  
Societies.

The Component Societies shall consist of County Medical Societies which hold charters from the Medical Society of New Jersey.

#### ARTICLE IV.

##### COMPOSITION OF THE SOCIETY.

Composition of  
the Society.

SECTION I.—The Medical Society of New Jersey shall be composed of members in good standing of the component Societies, and shall be desig-

nated as fellows, officers and delegates.

SEC. 2.—(a) Fellows of the Medical Society of New Jersey shall consist of the ex-presidents.

(b) *Officers.*—The officers of the Medical Society of New Jersey shall be a president, three vice-presidents, a corresponding secretary, a recording secretary, a treasurer and a board of trustees.

(c) *Delegates.*—Delegates shall be permanent, annual and associate.

##### PERMANENT DELEGATES.

SEC. 3.—At the annual meeting of each component society in 1906, and at every third annual meeting thereafter, and at no other time, except in cases where vacancies occur as specified in the last paragraph of this section, each component society may, by individual ballot, by a three-fourths vote of the members present, select one nominee for permanent delegate to the Medical Society of New Jersey, and component societies having thirty or more members may also, every third year, select in the same manner, one additional nominee for every thirty members or major fraction thereof, provided, that every such nominee shall have been a member in good standing of a component society for five years; and provided that no component society shall be entitled to more permanent delegates than one-tenth of its regularly certified membership; and when, from any cause, this number is exceeded, the component soci-

Permanent  
Delegates.



ety having such excess shall not be privileged to select nominees for permanent delegates until this disproportionate representation shall have ceased to exist; provided, further, that each nominee shall present a certificate signed by the president and secretary of his component society in the following form:

..... N. J.,.....190..

*This is to certify that.....M. D., was nominated for permanent delegate to the Medical Society of New Jersey, on the.....day of.....190.. by the component society of the County of.....according to the requirements of the Constitution and By-Laws of the Medical Society of New Jersey.*

....., President.

....., Secretary.

The house of delegates shall have the power to elect or reject any nominee for permanent delegate and a three-fourths vote by ballot of all members present shall be necessary to the election of a permanent delegate to the Medical Society of New Jersey.

The following classes of permanent delegates shall be deprived of their privileges as permanent delegates, and their names, after having been announced to the Society by the secretary, and without any accompanying defense or satisfactory excuse, shall be stricken from the roll:

1st. Those who lose their membership in their respective component societies.

2d. Those who have failed to attend two consecutive annual meetings of the Medical Society of New Jersey. All excuses for absence shall be made in writing to the judicial council, and its decision shall be final.

All permanent delegates whose component societies are in arrears for dues to the Medical Society of New Jersey shall be suspended from all privileges of this society until such arrears are paid.

After the death of a permanent delegate or a nominee for permanent delegate, the secretary of the component society of which said delegate or nominee was a member shall send formal notice of such death to the recording secretary of the Medical Society of New Jersey, and said recording secre-

tary shall thereupon notify said component society, through its secretary, that it may select at its next annual meeting (or at a meeting specially called for this purpose) a nominee to fill the vacancy. The names of all permanent delegates stricken from the roll shall be reported by the recording secretary of the Medical Society of New Jersey to the secretaries of the component societies which they respectively represented, and said component societies may select at their next annual meeting nominees to fill these vacancies.

#### ANNUAL DELEGATES.

SEC. 4.—(a) The annual delegates to the Medical Society of New Jersey shall be elected at the annual meeting of the component societies in accordance with the requirements of the constitution of this society and shall, with the permanent delegates and reporters, represent their respective component societies in the house of delegates.

Annual  
Delegates.

(b) Each component society shall send each year to the house of delegates of the Medical Society of New Jersey one annual delegate for every twenty-five members (or major fraction thereof) reported to the recording secretary; provided the said component society shall have made its annual report and have paid its annual assessment as provided in this constitution and by-laws. Nothing, however, in this section shall debar any component society from having at least one annual delegate.

(c) In the absence of an annual delegate of a component society in good standing, the presiding officer of the Medical Society of New Jersey may, on the recommendation of the members present from the said component society, publicly fill the vacancy from among the associate delegates of said society, and such alternate shall have all the rights of an annual delegate.

#### ASSOCIATE DELEGATES.

SEC. 5.—All members of component societies in good standing, not otherwise included in the membership of the Medical Society of New Jersey, are hereby constituted associate delegates, and may participate in all the privileges of the general sessions.

Associate  
Delegates.

## PRIVILEGED MEMBERS.

## HONORARY MEMBERS.

Honorary  
Members.

SEC. 6.—Honorary members shall be physicians and surgeons who have attained distinction in the profession, and may be elected by a two-thirds vote of the house of delegates; provided, they shall have been recommended for election by the committee on honorary membership; and provided further, that the number of living honorary members shall not exceed fifteen. They shall have the privilege of discussing all scientific questions presented at the sessions of the society.

## GUESTS.

Guests.

SEC. 7.—Any physician, resident or non-resident of this State, may, upon invitation of the society or of the house of delegates, become a guest during the annual meeting, and shall be accorded the privileges of participating in the scientific work of the society.

## ARTICLE V.

## HOUSE OF DELEGATES.

House of  
Delegates.

SECTION 1.—The house of delegates shall be the legislative body of the Medical Society of New Jersey.

SEC. 2.—Members of the house of delegates shall consist of the fellows, officers of the society, permanent and annual delegates, reporters, councillors and chairmen of the standing committees.

## ARTICLE VI.

## BOARD OF TRUSTEES.

Board of  
Trustees.

The board of trustees shall be the executive body of the society and shall be composed of the fellows, the president, the first vice-president and the recording secretary.

## ARTICLE VII.

## SECTIONS.

Sections.

SECTION 1.—The house of delegates may provide for the division of the scientific work of the Medical Society of New Jersey into appropriate sections, when the necessity for such division arises, subject to the approval of the board of trustees.

SEC. 2.—The house of delegates shall organize councillor districts within the State. Said districts shall be composed of three or more component societies. The house of dele-

gates shall elect a councillor from each district, which councillors collectively shall constitute the judicial council.

## ARTICLE VIII.

## MEETINGS.

Meetings.

SECTION 1.—The Medical Society of New Jersey shall hold an annual meeting, during which there shall be held daily not less than one general session, which shall be open to all registered members.

SEC. 2.—The time and place for holding the annual meeting shall be fixed by the house of delegates for each succeeding year. The board of trustees may change the time and place of meeting when deemed necessary.

## ARTICLE IX.

## OFFICERS.

Officers.

SECTION 1.—All officers except the secretaries, treasurer and members of the board of trustees, shall hold office for one year only, or until their successors are elected. Members of the board of trustees, except the first vice-president and recording secretary, may hold office so long as they are members in good standing in this society.

SEC. 2.—The officers of the Medical Society of New Jersey, except the board of trustees, shall be elected by the house of delegates in the afternoon of the second day of the annual meeting, by ballot (a majority of the votes cast being necessary to an election), it being hereby provided that no member shall be eligible to more than one office at the same time except the president, the first vice-president and recording secretary, who, by virtue of their office, are members of the board of trustees. And it is further provided that all nominations to fill vacant offices occurring during the interim between the annual meetings by reason of death, resignation, misconduct, removal from the State or otherwise, shall be made by the board of trustees at the opening of the first session, and the election of said officers shall immediately follow.

## ARTICLE X.

## FUNDS AND EXPENSES.

SECTION 1.—Funds for meeting the current expenses of the Medical So-

Funds and Ex-  
penses.

ciety of New Jersey shall be provided for by an equal per capita assessment upon each component society, by donations, by sales of its publications, and from miscellaneous revenue. During the annual meeting funds may be appropriated by the house of delegates subject to the approval of the board of trustees for the expenses of the annual meeting, for publications, for expenses of officers and committees, but for no other purpose, unless authorized by a two-thirds vote of the house of delegates and approved by the board of trustees.

SEC. 2.—The board of trustees may incur any necessary expense *ad interim*.

## ARTICLE XI.

### SEAL.

Seal.

The seal of the Medical Society of New Jersey heretofore adopted shall continue, until otherwise ordered, to be the seal of this society.

## ARTICLE XII.

### AMENDMENTS.

Amendments.

The house of delegates may amend any article of this constitution by a two-thirds vote of the members present (not less than fifty) at any annual meeting, provided, that such amendment shall have been submitted in writing at a previous annual meeting, and that it shall have been officially sent to each component society at least one month before the annual meeting at which final action is to be taken.

## BY-LAWS.

### CHAPTER I.

#### MEMBERSHIP.

Membership.

SECTION 1.—The fellows and officers of, and the delegates (permanent and annual) to, the Medical Society of New Jersey are members, by act of incorporation; associate delegates, honorary members and guests, by privilege of the constitution.

SEC. 2.—The secretary of each component society shall furnish to the recording secretary of the Medical Society of New Jersey, at least one month before the annual meeting, a certified roster of its total enrolled membership; a list, as complete as possible, of all non-affiliating physicians in the

county; a list of its officers, annual delegates and reporter; also a list of the members who have paid their assessments and are otherwise in good standing, which latter list shall be *prima facie* evidence of their right to register at the annual meeting, and shall form the basis of representation for the component society.

SEC. 3.—No person who is under sentence of suspension or expulsion from any component society of the Medical Society of New Jersey, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or privileges of this society, nor shall the said member be permitted to take part in any of its proceedings, until such time as said member shall have been relieved of such disability.

SEC. 4.—All members and delegates in attendance at the annual meeting of this society shall write their names and addresses in the registration book and failing to do so shall be considered as absent.

SEC. 5.—All annual delegates of the Medical Society of New Jersey shall produce a certificate of election at each annual meeting, signed by the president and secretary of the component society which they respectively represent; and no annual delegate will be permitted to sit as a member of the house of delegates without said certificate, nor unless the component society from which he is a delegate shall have paid its annual assessment.

SEC. 6.—When a member's right to membership has been verified by the committee on credentials, the said member shall receive a certificate or badge, which shall be evidence of his right to the privileges of membership. No member or delegate shall be permitted to take any part in the proceedings of this society until the provisions of this chapter have been complied with.

### CHAPTER II.

#### ANNUAL AND SPECIAL MEETINGS.

SECTION 1.—The Medical Society of New Jersey shall hold an annual meeting at such time and place as may be fixed by the house of delegates or by the board of trustees.

SEC. 2.—Special meetings of the Medical Society of New Jersey or of

Annual and  
Special  
Meetings.



the house of delegates shall be called by the president upon the petition of twenty or more members representing four or more component societies, or upon the request of the board of trustees.

### CHAPTER III.

#### GENERAL MEETING.

General Meeting.

SECTION 1.—A general meeting shall include all registered members, honorary members and guests, all of whom shall have equal rights to participate in the proceedings. The president shall preside over all meetings, or, in his absence, or disability, or by request, the vice-president in the order of seniority shall preside. The president's and third vice-president's annual addresses shall be delivered before the general meeting as shall be arranged for in the official programme.

SEC. 2.—The general meeting may create committees for scientific investigations of special interest or importance to the profession or public, and may receive and dispose of reports of the same, but no expense shall be incurred in connection therewith until recommended by the house of delegates and approved by the board of trustees.

SEC. 3.—The order of exercises, papers and discussions as set forth in the official programme shall be followed from day to day until completed, unless otherwise ordered by the society.

SEC. 4.—No address delivered or paper read before the Medical Society of New Jersey, with the exception of those delivered by the president, the third vice-president and invited orators, shall occupy more than twenty minutes in its delivery or reading, and no member shall speak longer than five minutes, nor more than once, on any subject unless by permission of the society.

SEC. 5.—All papers and reports presented to the society shall be its property, and any author failing to deposit the same with his name with the recording secretary when read may be debarred from having his paper published in the Transactions. Permission to publish the same in medical journals may be granted by the committee on publication.

### CHAPTER IV.

#### HOUSE OF DELEGATES.

House of Delegates.

SECTION 1.—The house of delegates shall meet annually at the time and place of the annual meeting of the Medical Society of New Jersey, and shall arrange its sessions so as not to conflict with the general meetings of the society, nor with the sessions held for the president's and third vice-president's addresses and for the annual orations. The house of delegates may meet in advance of, with, or remain in session after the final adjournment of the annual meeting.

SEC. 2.—Twenty annual delegates, representing at least four component societies in good standing, shall constitute a quorum, and all of the meetings of the house of delegates shall be open to the members of the Medical Society of New Jersey, but only members of the house of delegates shall have a right to vote.

SEC. 3.—The house of delegates shall consider the reports of all component societies, and shall have authority to make such recommendations and adopt such measures as they may deem most efficient for building up and increasing the interest in societies already existing; to organize the profession in counties where affiliated societies do not exist, and to issue charters as hereinafter provided.

SEC. 4.—The house of delegates shall have authority to appoint committees for special purposes from among the members of the Medical Society of New Jersey, and such committees may report to the house of delegates in person and participate in the debates thereon.

SEC. 5.—The house of delegates or board of trustees shall approve all memorials and resolutions issued in the name of the Medical Society of New Jersey before the same shall become effective.

### CHAPTER V.

#### ELECTION OF OFFICERS.

Election of Officers.

SECTION 1.—All elections shall be by ballot and a majority of the votes cast shall be necessary to elect.

SEC. 2.—On the first day of the annual meeting the president shall ask all delegates present from each component society to meet at the close of the first session to elect a member of the

nominating committee and to notify the recording secretary of the member so elected, and these members, together with the fellows, shall constitute the nominating committee. This committee shall report the result of its deliberations to the house of delegates in the form of a ticket containing the names of one or more members for each of the offices to be filled at that annual meeting, also nominees for standing committees, councillors for the different districts, delegates to the American Medical Association and to corresponding state medical organizations.

SEC. 3.—The report of the nominating committee, and the election of officers, standing committees, councillors, delegates to the American Medical Association, and the corresponding state medical organizations, for the ensuing year, shall be the first order of business of the house of delegates in the afternoon of the second day of the annual meeting.

SEC. 4.—Nothing in this chapter shall be construed to prevent additional nominations being made by members of the house of delegates.

## CHAPTER VI.

### DUTIES OF OFFICERS.

Duties of  
Officers.

SECTION 1.—The president shall preside at all meetings of the Medical Society of New Jersey and of the house of delegates, preserve order and decorum in debate, give a casting vote when necessary, appoint all committees not otherwise provided for, order reports, enforce the observance of the by-laws, and perform such other duties as custom and parliamentary usage may require. He shall also deliver an annual address at such time and place as may be arranged for by the programme committee and shall have power to fill all vacancies made in the offices, except that of treasurer, of the society during the interim by reason of death, resignation, or removal from the State, and all persons so appointed shall serve until the next annual meeting, when all vacancies so filled by *ad interim* appointments shall be regularly filled by the house of delegates as provided for in Article IX, Section 2, of the constitution.

SEC. 2.—The vice-presidents shall assist the president in the discharge of

his duties, and in the absence or disability of the president the vice-president in order of seniority, shall preside at all meetings of the Medical Society of New Jersey and of the house of delegates, and perform all of the duties pertaining to the office. In case of vacancy in the office of the president during the interim, by death, resignation, or removal, the vice-president in order of seniority shall perform all the duties pertaining to the office of president during the interim until the first succeeding annual meeting thereafter.

SEC. 3.—The third vice-president shall prepare and read an essay upon some medical or allied subject at the first annual meeting subsequent to his election.

SEC. 4.—The treasurer shall give bond for the trust reposed in him as required by the board of trustees. He shall demand, receive and preserve all funds due the Medical Society of New Jersey, together with bequests and donations; keep a correct list of the same, together with the name of the respective donors. He shall not pay any moneys out of the treasury except by the written order of the president, approved by the board of trustees. His accounts shall be subject to an examination by an auditing committee appointed from the board of trustees at such times as they or the house of delegates may order, and he shall annually render a full statement of all the transactions of his office at the annual meeting of this society. He shall charge upon his books the assessment against each component society at the end of the fiscal year, collect and make proper credits for the same, and perform such other duties as may be assigned to him.

SEC. 5.—It shall be the duty of the board of trustees to annually organize by electing a chairman and secretary; to exercise a general supervision over the affairs of the society, with authority to recommend and to act for its betterment whenever opportunity offers; to keep full minutes of all meetings; to give to the house of delegates a summarized brief of its proceedings and recommendations, and to yearly publish in the Transactions a full report of the same; to require and hold the official bond of the treasurer for

the faithful execution of his duties; to annually audit and authenticate his accounts, and to include a statement of the same in the general report. The board of trustees shall have authority to advise in the deliberations of the several standing committees, and especially to supervise the duties and labors of the publication committee, and, when necessary, to appoint an editor and such other assistants as the demands of the society may require; to refer and otherwise dispose of all business properly arranged for its disposition; to lease, sell or otherwise convey or dispose of any or all property of the Medical Society of New Jersey, both personal and real, and execute therefor, good and sufficient lease, deed or other conveyance; to determine all salaries, to pass upon all recommendations, and order all necessary expenditures for the society. In the event of a vacancy in the office of treasurer by death, or otherwise, the board of trustees shall select one of its members to fill the vacancy.

SEC. 6.—The recording secretary shall have custody of the constitution and by-laws, and of the records of this society and of the house of delegates; shall attend the meetings, record the proceedings, and give notice of all the regular and special meetings of this society and of the house of delegates. He shall notify the chairman of each committee of his election or appointment, with the names of his associates, together with the subject referred to the committee, furnish delegates to the American Medical Association and corresponding State medical organizations, with proper credentials, demand and receive from the component societies a copy of the proceedings of their first meeting, file the same among the archives of this society, and perform such other duties as may be assigned him by the house of delegates. He shall keep a record of the election of all permanent delegates, and report to the Medical Society of New Jersey each year which component societies are entitled to additional permanent delegates, and the number, and shall also report the names of all such delegates as shall have forfeited their membership. He may employ assistance when authorized by the house of delegates or by the board of trustees.

SEC. 7.—The corresponding secretary shall have charge of, and custody over, all letters and communications transmitted to this society, and shall keep a verbatim copy of all communications sent out in the name of the society. It shall be his duty, agreeable to the directions of the society, to write and answer letters, and to manage the general correspondence of the Medical Society of New Jersey and to report thereon to the society at its next annual meeting. He shall transmit to the secretaries of the several component societies information upon such subjects as have been acted upon in this society relative to their respective interests, and notify the honorary members of their election to this society; transmit to them a copy of the constitution and by-laws; provide for, and take temporary charge of, the registration of all members, delegates and guests at the annual meeting; preserve all records until relieved of them by the society and perform such other duties as may be required by his office or assigned to him by the society.

## CHAPTER VII.

### REPORTERS.

Each component society shall elect one of its members a reporter, whose duty it will be to furnish to the committee on scientific work a brief and intelligent report of important transactions of his society, of special extracts from papers read, of interesting cases reported, and of the prevalence of contagious and other diseases in the county, of the removal of any member from the society by death or otherwise, and of the members elected during the year; also general information of importance to this society. The reporter will forfeit his right to a seat in the house of delegates, and no credit will be given to him by the committee on scientific work, unless his report is received at least thirty days before the annual meeting of the Medical Society of New Jersey.

Reporters.

## CHAPTER VIII.

### COUNCILLORS.

SECTION 1.—The councillors shall be regularly nominated by the nominating committee and elected by the house of delegates.

Councillors.



SEC. 2.—Collectively, the council shall be composed of the councillors of the Medical Society of New Jersey, and constitute a board of censors of this society known as the judicial council. The council shall consider all questions involving the rights of members, whether in relation to each other, to members of other societies, or to the members of this society. All questions of an ethical nature and excuses from permanent delegates shall be referred to this council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members, and shall decide all appeals taken from the decision of an individual councillor. Its decision in all such cases shall be final.

SEC. 3.—The judicial council of the Medical Society of New Jersey may hold daily sessions during the annual meeting of the society, and at such other times as necessity may require, subject to the call of the chairman, or upon the petition of three councillors. It shall meet on the last day of the annual meeting of the society for the reorganization and for the outlining of the work for the ensuing year. At this meeting it shall elect a chairman and secretary, and shall keep a permanent record of its proceedings, and through its chairman make an annual report to the house of delegates.

SEC. 4.—Each councillor shall visit each component society in his district at least once a year, for the purpose of inquiring into the condition of the profession and for improving and increasing the zeal of the society in its scientific work. He shall make an annual report to the house of delegates of the condition of the profession in each component society in his district. The necessary travelling expenses incurred by said councillors in the line of the duties herein imposed may be allowed by the house of delegates upon the presentation of the proper itemized statement.

## CHAPTER IX.

### COMMITTEES.

Committees. SECTION 1.—The standing committees shall be as follows:

(a) TO BE ELECTED.  
Committee on { Arrangements.  
Nominations.  
Programme.  
Scientific Work.  
Public hygiene and legislation.  
Publication.

(b.) TO BE APPOINTED.  
Committee on { Credentials.  
Honorary membership  
Business.

### COMMITTEE ON ARRANGEMENTS.

SEC. 2.—The committee on arrangements shall consist of five members who shall be regularly nominated and elected, three of whom may be named from the component society of the county in which the next annual meeting is to be held. The president and recording secretary are *ex-officio* members of this committee.

Committee  
on  
Arrangements.

It shall be the duty of this committee to provide suitable accommodations for the meeting places of the society, viz.: The general session, house of delegates, board of trustees, the various committees and exhibits. This committee shall have charge of all matters and details pertaining to the general arrangements, and shall have power to enlarge by creating sub-committees as necessity or urgency may require.

The chairman shall report in writing an outline of the arrangements to the president for his approval, and subsequently to the chairman of the programme committee for publication, and shall make announcements during the sessions as occasion requires.

### PROGRAMME COMMITTEE.

SEC. 3.—The programme committee shall consist of the recording secretary as chairman, and two additional members (one of whom after the first year shall be elected annually) for two years. It shall be the duty of this committee, after receiving the titles, together with brief abstracts of the papers to be read, with author's names attached, to prepare and issue a programme announcing the order in which the papers, discussions and all matters of business are to be presented, which order shall be followed as nearly as practicable. All papers must be announced to the chairman of the committee thirty or more days before the annual meeting.

Programme  
Committee.

## NOMINATING COMMITTEE.

Nominating  
Committee

SEC. 4.—The nominating committee shall be selected on the first day of the annual meeting, as provided in Chapter V, Section 2, and shall perform the duties therein assigned, and such others as may be referred to it by the house of delegates.

## COMMITTEE ON SCIENTIFIC WORK.

Committee on  
Scientific  
Work.

SEC. 5.—The committee on scientific work shall consist of three members, one of whom, after the first year, shall be annually elected for three years.

This committee shall present at each annual session a summary report of the proceedings and recommendations of the respective component societies, together with the incidents and legal decisions of professional interest, and of special progress made. It shall arrange symposia upon subjects of its own selection; invite special orators to read essays or deliver orations from time to time, and otherwise extend the interests and scientific work of the society as it may elect, and report to the programme committee at least thirty days before the annual meeting.

## COMMITTEE ON PUBLIC HYGIENE AND LEGISLATION.

Committee on  
Public Hygiene  
and Legisla-  
tion.

SEC. 6.—The committee on public hygiene and legislation shall be composed of six members. After the first year, two members shall be elected annually to serve for three years. It shall be the duty of this committee to look after all matters, hygienic and legislative, which shall be referred to it by the house of delegates, and to annually hold at least one meeting, at which each component society may make known its recommendations through its reporter; and a summary of the same shall be formulated and presented to the house of delegates. The president and recording secretary shall be *ex-officio* members of this committee.

## COMMITTEE ON PUBLICATION.

Committee on  
Publication.

SEC. 7.—The committee on publication shall consist of the recording secretary, as chairman, and two other members, who shall be elected annually. All reports, papers and discussions may be referred to this committee for publication, but the committee shall have authority to curtail such documents or to print abstracts there-

of, and may return to the author any paper deemed by them unsuitable for publication in the Transactions, with reasons for non-publication. The committee shall have authority to publish and distribute the annual Transactions.

## CHAPTER X.

## COMMITTEES TO BE APPOINTED.

## COMMITTEE ON CREDENTIALS.

Committee on  
Credentials.

SECTION 1.—The committee on credentials shall consist of three members, viz.: corresponding secretary, treasurer, and one member to be appointed by the president. It shall be the duty of this committee to examine all credentials and certificates presented by members and delegates, and when found in accordance with the requirements of Article IV, Sections 1 to 7, and Chapter I, Sections 2 to 6, inclusive, of the constitution and by-laws of this society, to issue to each, individually, a certificate or badge which, when regularly presented, shall be evidence of their right to membership. This committee shall keep a record of all issues, together with the names and addresses of the delegates and members, and compare the same with the roster from the respective component societies.

## THE BUSINESS COMMITTEE.

The Business  
Committee.

SEC. 2.—The business committee shall be composed of five members of the house of delegates, appointed by the president. Any questions or business before the society or the house of delegates for consideration may be referred to the business committee for subsequent report or recommendation.

## COMMITTEE ON HONORARY MEMBERSHIP.

Committee on  
Honorary  
Membership.

SEC. 3.—The honorary membership committee shall be composed of three fellows appointed annually by the president, whose duty it shall be to inquire into the standing and qualifications of all nominees for honorary membership in this society, and report the same with their recommendations to the house of delegates at the next annual meeting of the society.

## CHAPTER XI.

Any officer of this society, for sufficient reason, may resign his office, or

he may be removed therefrom by order of the house of delegates when guilty of neglect of duty, improper conduct, or upon violation of the constitution and by-laws. In either or all cases the society shall fill the vacancy so made as provided for in Article IX. of the constitution and in Chapter V. and Chapter VI., Section 1, of the by-laws.

## CHAPTER XII.

### ASSESSMENTS AND EXPENDITURES.

Assessments  
and  
Expenditures.

SECTION 1.—An assessment of two dollars per capita on the membership of the component societies is hereby made the annual dues of this society, unless otherwise ordered by the society. At least one month before the annual meeting of the Medical Society of New Jersey, the treasurer of each component society shall forward to the treasurer of this society the amount of its assessment with a list of the members who have paid their assessments and are otherwise in good standing.

SEC. 2.—Any component society which fails to pay its assessments or to make the reports as required in this constitution and by-laws shall be held as suspended, and none of its members or delegates shall be permitted to participate in any of the business or proceedings of the society (unless the disability be removed by the house of delegates) until all requirements have been satisfied.

SEC. 3.—All motions or resolutions appropriating money not hereinbefore provided for shall specify a definite amount, or so much thereof as may be necessary for the purposes indicated, and must be recommended by the house of delegates and approved by the board of trustees.

## CHAPTER XIII.

### RULES OF CONDUCT.

Rules of  
Conduct.

The "principles of medical ethics" adopted by the American Medical Association shall govern the conduct of the members of this society in their relations to each other and to the public.

## CHAPTER XIV.

### RULES OF ORDER.

Rules of Order.

The deliberations of the Medical Society of New Jersey shall be governed by parliamentary usage as con-

tained in Roberts' "Rules of Order," unless otherwise determined by a two-thirds vote of its respective bodies.

## CHAPTER XV.

### COMPONENT SOCIETIES.

Component  
Societies.

SECTION 1.—All county medical societies of the State of New Jersey which shall adopt the principles of organization in accord with this constitution and by-laws, may, upon application to the house of delegates, receive a charter from, and thereby become a component society in affiliation with, the Medical Society of New Jersey.

SEC. 2.—Charters shall be issued only upon the order of the house of delegates after approval by the board of trustees, and shall be signed under seal by the president and recording secretary of this society. Upon the recommendation of the house of delegates, the board of trustees may revoke the charter of any component society whose actions are in conflict with the letter or spirit of this constitution and by-laws.

SEC. 3.—There can be but one component medical society chartered in any county in this State.

SEC. 4.—Each component society shall judge of the qualifications of its own members, but as such societies are the only portals to the Medical Society of New Jersey, and also to the American Medical Association, every reputable and legally registered physician who is practicing or who will agree to practice non-sectarian medicine, shall be eligible to membership in a component society when regularly qualified, provided, an active member of one component medical society shall not be eligible to active membership in any other component society at the same time.

SEC. 5.—Any physician who may feel aggrieved by the action of the component society of his county in refusing him membership, or in suspending or expelling him, shall have the right to appeal through his district councillor to the board of councillors.

SEC. 6.—When hearing appeals, a councillor or the judicial council may admit written or oral evidence, but in all cases efforts at conciliation should precede such hearings.

SEC. 7.—When a member in good



standing in a component society moves to another county of this State, his name, upon request, may, by a majority vote of those present, be transferred to the roster of the component society in whose jurisdiction he moves.

SEC. 8.—Any physician living in or near a county line may hold his membership in the component society most convenient for him to attend, on permission from the component society in whose jurisdiction he resides.

SEC. 9.—The secretary of each component society, in addition to that of its own members, is recommended also to keep a list of non-affiliating, registered physicians of the county, with full name, address, college and date of graduation and date of license to practice in this State, together with such other information as may be deemed important to the society. He shall furnish an official report containing such information upon blanks supplied him for the purpose, by the secretary of this society, when requested to do so. The roster kept should indicate any changes in the personnel of the profession by death, removal to, or from the county, or by withdrawal from the society, and in making such a report he should endeavor to include an account of every physician who has lived, or is now living, in the county during the year.

## CHAPTER XVI.

### REGULATIONS CONCERNING THE DEGREE OF DOCTOR OF MEDICINE.

SECTION 1.—Candidates for the degree of *Medicinae Doctor*, may apply to any component society of this State, and shall be admitted to examination under the following rules and regulations:

1st.—Each component society shall appoint annually, or *pro re nata*, a committee of not less than five members, who shall conduct the examinations.

2d.—All examinations shall be in the presence of the society at a regular meeting; and no candidate shall be examined until he has given satisfactory evidence of having reached the age of twenty-one years, is of good moral character, that his preliminary education has been such as to qualify him for the study and practice of medi-

cine, and has pursued his medical studies in some medical college whose requirements do not fall below the minimum standard of the Association of American Medical Colleges.

3d.—The examination shall extend to all of the branches taught in the medical schools recognized as aforesaid, and the candidate shall then be balloted for by the society. If he shall receive the approving votes of two-thirds of all the members present, the presiding officer shall give a certificate to that effect to the candidate.

4th.—The certificate may be presented at the next or any subsequent regular meeting of this society, not extending beyond the period of three years, with a written thesis upon some medical subject; and if, upon a ballot, they shall be approved by a majority of the members present, the candidate, upon the payment of fifteen dollars, shall be entitled to receive a diploma in the following form:

#### *Form of Diploma for the degree of Doctor of Medicine.*

SOCIETAS MEDICA REIPUBLICAE NEO-CAESARIENSIS.

*Legibus constituta, omnibus has Literas lecturis.*

#### SALUTEM:

*Quoniam A. B. vir ornatus et moribus inculpatus, qui omnibus studiis ad Medicinae et Chirurgiae usum scientiamque spectantibus animum fideliter intendit, et opumionibus hominum faventibus, nobis commendatus est ut ad gradum Doctoris Medicinae Chirurgiae que proveheretur.*

*Notum sit quod placet nobis, auctoritate hacce societate, collata inquisitione ejus peritiae diligentis simul coram viris selectis et eruditis, secundum leges hujusce societatis, imprimis habita, supradictum A. B. titulo, graduque Medicinae et Chirurgiae Doctoris adornare, eique omnia jura, privilegia et honores ad istum gradum pertinentia, dedere et concedere.*

*Reipublicae Neo-Caesariensis illum ad gradum honorarium Medicinae Chirurgiaeque Doctoris libentissime proveximus, eique omnia jura privilegia et honores ad istum quoquomodo pertinentia, dedimus et concessimus.*

*In cujus rei majorem fidem et  
plenius testimonium, sigillo hujusce  
Societatis, Praesidisque et Scribae chi-  
rographis hocce Diploma muniendum  
curavimus.*

*Datum* , die—— *anno*  
*Domini* ———— *et Societatis.*  
PRAESES

SOCI.

SCRIBA.

## CHAPTER XVII.

### AMENDMENTS.

These by-laws may be amended at any annual meeting by a two-thirds vote of the house of delegates, provided, that at least fifty members are present; and provided further, that the amendment shall have been twice read in open meeting and laid upon the table for one day. Amendments.

# OFFICIAL LIST OF FELLOWS,

## OFFICERS AND MEMBERS OF THE MEDICAL SOCIETY OF NEW JERSEY FOR 1905.

### FELLOWS.

All persons who shall have been, or may hereafter be President of the Society, shall rank as Fellows, and be entitled to all the privileges of delegated members.  
The dates represent the year of election as President.

Those marked thus (\*) are deceased.

*Robert McKean .....	1766
*William Burnett .....	1767
*John Cochran .....	1768
*Nathaniel Scudder .....	1770
*Isaac Smith .....	1771
*James Newell .....	1772
*Absalom Bainbridge .....	1773
*Thomas Wiggins .....	1774
*Hezekiah Stites .....	1775

\* \* \* \* \*

*John Beatty .....	1782
*Thomas Barber .....	1783
*L. Van Derveer .....	1784
*Moses Bloomfield .....	1785
*William Burnett .....	1786
*Jonathan Elmer .....	1787
*James Stratton .....	1788
*Moses Scott .....	1789
*John Griffith .....	1790
*Lewis Dunham .....	1791
*Isaac Harris .....	1792
*Elisha Newell .....	1795
*Jonathan F. Morris .....	1807
*Peter I. Stryker .....	1808
*Lewis Morgan .....	1809
*Lewis Condict .....	1810
*Charles Smith .....	1811
*Matt. H. Williamson .....	1812
*Samuel Forman .....	1814
*John Van Cleve .....	1815
*Lewis Dunham .....	1816
*Peter I. Striker .....	1817
*John Van Cleve .....	1818
*Lewis Condict .....	1819
*James Lee .....	1820
*William G. Reynolds .....	1821
*Augustus R. Taylor .....	1822
*William B. Ewing .....	1823
*Peter I. Stryker .....	1824
*Gilbert S. Woodhull .....	1825
*Wm. D. McKissack .....	1826
*Isaac Pierson .....	1827
*Jeptha B. Munn .....	1828
*John W. Craig .....	1820
*Augustus R. Taylor .....	1830
*Thomas Yarrow .....	1831
*Fitz Randolph Smith .....	1832
*William Forman .....	1833
*Samuel Hayes .....	1834
*Abm. P. Hæøeman .....	1835
*Henry Van Derveer .....	1836
*Lyndon A. Smith .....	1837
*Benj. H. Stratton .....	1838
*Jabez G. Goble .....	1839
*Thomas P. Stewart .....	1840
*Ferd. S. Schenck .....	1841
*Zachariah Read .....	1842
*Abraham Skillman .....	1843
*George R. Chetwood .....	1844

*Robert S. Smith .....	1845
*Charles Hannah .....	1846
*Jacob T. B. Skillman .....	1847
*Sam'l H. Pennington .....	1848
*Joseph Fithian .....	1849
*Elias J. Marsh .....	1850
*John H. Phillips .....	1851
*Othn'l H. Taylor .....	1852
*Samuel Lilly .....	1853
*A. B. Dayton .....	1854
*J. B. Coleman .....	1855
*Richard M. Cooper .....	1856
*Thomas Ryerson .....	1857
*Isaac P. Coleman .....	1858
*John R. Sickler .....	1859
*Wm. Elmer .....	1860
*Jno. Blane .....	1861
*Jno Woolverton .....	1862
*Theo. R. Varick .....	1863
*Ezra M. Hunt .....	1864
*Abram Coles .....	1865
*Benj. R. Bateman .....	1866
Jno. C. Johnson .....	1867
*Thomas J. Corson .....	1868
*William Pierson .....	1869
*Thomas F. Cullen .....	1870
*Charles Hasbrouck .....	1871
*Franklin Gauntt .....	1872
*T. J. Thomason .....	1873
*G. H. Larison .....	1874
*Wm. O'Gorman .....	1875
*Jno. V. Schenck .....	1876
*Henry R. Baldwin .....	1877
*John S. Cook .....	1878
*Alex. W. Rogers .....	1879
*Alex. N. Dougherty .....	1880
*Lewis W. Oakley .....	1881
*John W. Snowden .....	1882
*Stephen Wickes .....	1883
*P. C. Barker .....	1884
*Joseph Parrish .....	1885
Charles J. Kipp .....	1886
John W. Ward .....	1887
H. Genet Taylor .....	1888
*B. A. Watson .....	1889
*Jas. S. Green .....	1890
Elias J. Marsh .....	1891
George T. Welch .....	1892
John G. Ryerson .....	1893
O. H. Sproul .....	1894
William Elmer .....	1895
T. J. Smith .....	1896
David C. English .....	1897
C. R. P. Fisher .....	1898
Luther M. Halsey .....	1899
*Willam Pierson .....	1900
J. D. McGill .....	1901
E. L. B. Godfrey .....	1902
Henry Mitchell .....	1903
Walter B. Johnson .....	1904



## HONORARY MEMBERS.

*David Hosack, New York.....	1827	*Ferris Jacobs, Delhi, N. Y.....	1872
*J. W. Francis.....	1827	C. A. Lindsley, New Havn, Conn.....	1872
*John Condict, Orange.....	1830	*Wm. Pepper, Philadelphia.....	1874
*Usher Parsons, Rhode Island.....	1839	S. Weir Mitchell, Philadelphia.....	1870
*Reuben D. Murphy, Cincinnati.....	1839	Cyrus F. Brackett, Princeton, N. J.....	1880
*Alban G. Smith, New York.....	1839	*Joseph C. Hutchinson, Brooklyn, N. Y.....	1880
*Willard Parker, New York.....	1842	Thomas Addis Emmett, New York.....	1884
*Valentin Mott, New York.....	1843	*Isaac E. Taylor, New York.....	1884
*Jonathan Knight, New Haven.....	1848	*D. Hayes Agnew, Philadelphia.....	1886
*Nathaniel Chapman, Philadelphia.....	1848	*Jos. Leidy, Philadelphia.....	1886
*Alexander H. Stephens, New York.....	1848	Frederick S. Dennis, New York.....	1803
*John C. Warren, Boston.....	1849	*John H. Ripley, New York.....	1893
*Lewis C. Beck, New York.....	1850	Virgil P. Gibney, New York.....	1893
*John C. Torrey, New York.....	1850	*William Pierson, Orange, N. J.....	1894
*George B. Wood, Philadelphia.....	1853	Abram Jacobi, New York.....	1896
*H. A. Buttolph, Short Hills, N. J.....	1854	*Virgil M. D. Marcy, Cape May City.....	1896
*Ashbel Woodward, Franklin, Conn.....	1861	*Samuel H. Pennington, Newark, N. J.....	1897
*Thomas W. Blatchford, Troy, N. Y.....	1886	Alfred A. Woodhull, Princeton, N. J.....	1901
*Jereimiah S. English, Manalapan, N. J.....	1867	J. Leonard Corning, New York.....	1902
*Stephen Wicks, Orange, N. J.....	1868	John Allen Wyeth, New York.....	1903
*S. O. Vanderpool, Albany, N. Y.....	1872	William K. Van Reypen, U. S. N.....	1903
*Joseph Parrish, Burlington, N. J.....	1872	Lawrence F. Flick, Philadelphia, Pa.....	1903

## OFFICERS.

HENRY W. ELMER, <i>President</i> .....		Bridgeton	
ALEXANDER MARCY, JR., <i>1st Vice Pres.</i> .....	Riverton	DANIEL STROCK, <i>Cor. Secretary</i> .....	Camden
EDWARD J. ILL, <i>2nd Vice Pres.</i> .....	Newark	WM. J. CHANDLER, <i>Rec. Secretary</i> .....	South Orange
DAVID ST. JOHN, <i>3rd Vice Pres.</i> .....	Hackensack	ARCHIBALD MERCER, <i>Treasurer</i> .....	Newark

## PERMANENT DELEGATES.

ATLANTIC COUNTY.		ESSEX COUNTY.	
W. Blair Stewart, Atlantic City.....	1900	Charles Young, Newark.....	1892
E. A. Reilly, Atlantic City.....	1903	Joseph C. Young, Newark.....	1892
W. E. Darnall, Atlantic City.....	1903	Herman C. Bleyle, Newark.....	1896
J. Addison Joy, Atlantic City.....	1903	William J. Chandler, South Orange.....	1896
E. C. Chew, Atlantic City.....	1905	Edward J. Ill, Newark.....	1895
BERGEN COUNTY.		George R. Kent, Newark.....	1896
Henry C. Neer, Park Ridge.....	1892	Daniel M. Skinner, Belleville.....	1896
David St. John, Hackensack.....	1900	Charles H. Bailey, Bloomfield.....	1898
Samuel E. Armstrong, Rutherford.....	1901	Thomas S. P. Fitch, Orange.....	1898
BURLINGTON COUNTY.		Richard C. Newton, Montclair.....	1898
Enoch Hollingshead, Pemberton.....	1903	Joshua W. Read, Newark.....	1898
Walter E. Hall, Burlington.....	1905	George A. Van Wagenen, Newark.....	1898
CAMDEN COUNTY.		James T. Wrightson, Newark.....	1898
Duncan W. Blake, Gloucester.....	1895	Peter V. P. Hewlett, Newark.....	1900
Onan B. Gross, Camden.....	1895	Theron Y. Sutphen, Newark.....	1900
Daniel Strock, Camden.....	1899	Charles F. Underwood, Newark.....	1900
William H. Iszard, Camden.....	1899	L. Eugene Hollister, Newark.....	1900
William A. Davis, Camden.....	1900	Charles D. Bennett, Newark.....	1900
Alexander McAlister, Camden.....	1903	William B. Graves, East Orange.....	1900
William S. Jones, Camden.....	1903	Robert G. Stanwood, Newark.....	1900
Harry H. Sherk, Camden.....	1903	Thomas W. Harvey, Orange.....	1901
CUMBERLAND COUNTY.		Aaron K. Baldwin, Newark.....	1902
S. T. Day, Port Norris.....	1899	John H. Bradshaw, Orange.....	1903
M. K. Elmer, Bridgeton.....	1900	David E. English, Milburn.....	1903
O. H. Adams, Vineland.....	1900	George B. Philhower, Nutley.....	1903
Joseph Tomlinson, Bridgeton.....	1902	Richard P. Francis, Montclair.....	1903
W. L. Newell, Millville.....	1903	Henry L. Coit, Newark.....	1903
J. C. Applegate, Bridgeton.....	1902	Theodore W. Corwin, Newark.....	1903
		Richard G. P. Dieffenbach, Newark.....	1903
		Edward Staehlin, Newark.....	1903
		Livingston S. Hinckley, Newark.....	1903

## PERMANENT DELEGATES.—Continued.

### GLOUCESTER COUNTY.

George E. Reading, Woodbury.....1893  
James Hunter, Jr., Westville.....1898  
Eugene T. Oliphant, Bridgeport.....1903

### HUDSON COUNTY.

J. A. Exton, Arlington.....1898  
Jos. M. Rector, Jersey City.....1900  
Frederick M. Corwin, Bayonne.....1900  
Geo. McLaughlin, Jersey City.....1900  
Mortimer Lampson, Jersey City.....1900  
T. R. Chambers, Jersey City.....1900

### HUNTERDON COUNTY.

Isaac S. Cramer, Flemington.....1892  
W. S. Creveling, Valley.....1896  
George N. Best, Rosemont.....1902

### MERCER COUNTY.

R. R. Rogers, Sr., Trenton.....1895  
David Warman, Trenton.....1897  
Elmer Barwis, Trenton.....1898  
Thos. H. Mackenzie, Trenton.....1900  
C. F. Adams, Trenton.....1900  
J. C. Felty, Trenton.....1900  
Henry B. Costill, Trenton.....1902  
George H. Franklin, Hightstown.....1903

### MIDDLESEX COUNTY.

Ambrose Treganowan, South Amboy.....1898  
F. M. Donahue, New Brunswick.....1900  
David Stephens, New Brunswick.....1903

### MONMOUTH COUNTY.

Henry Mitchell, Asbury Park.....1892  
D. McLean Forman, Freehold.....1901  
Edwin Field, Red Bank.....1901  
P. B. Pumyea, Allentown.....1901  
George F. Wilbur, Asbury Park.....1901  
F. C. Price, Imlaystown.....1901  
Samuel Johnson, Asbury Park.....1901  
Cyrus Knecht, Matawan.....1902

### MORRIS COUNTY.

Levi Farrow, Middle Valley.....1895  
Cuthbert Wigg, Boonton.....1899  
James Douglass, Morristown.....1901  
Stephen Pierson, Morristown.....1901  
F. W. Flagge, Rockaway.....1901  
Calvin Anderson, Madison.....1901  
Britton D. Evans, Morris Plains.....1902  
A. A. Lewis, Morristown.....1903

### OCEAN COUNTY.

C. L. Lindley, Lakewood.....1905

### PASSAIC COUNTY.

W. B. Johnson, Paterson.....1892  
P. A. Harris, Paterson.....1893  
George H. Balleray, Paterson.....1896  
John L. Leal, Paterson.....1899  
C. H. Scribner, Paterson.....1900  
Robt. M. Curtis, Paterson.....1900  
James M. Stewart, Paterson.....1900  
John T. Gillson, Paterson.....1900  
Andrew F. McBride, Paterson.....1902

### SALEM COUNTY.

B. A. Waddington, Salem.....1893  
W. H. James, Pennsville.....1900  
Henry Chavanne, Salem.....1900

### SOMERSET COUNTY.

S. O. B. Taylor, Millstone.....1897  
J. P. Hecht, Raritan.....1898  
A. L. Stillwell, Somerville.....1900  
Mary E. Gaston, Somerville.....1902

### SUSSEX COUNTY.

B. W. Ferguson, Beemerville.....1899  
H. D. Van Gaasbeck, Sussex.....1903

### UNION COUNTY.

Alonzo Pettit, Elizabeth.....1893  
E. B. Silvers, Rahway.....1893  
J. Ackerman Coles, Scotch Plains.....1896  
T. H. Tomlinson, Plainfield.....1896  
James S. Green, Elizabeth.....1900  
N. L. Wilson, Elizabeth.....1900  
W. U. Selover, Rahway.....1900  
T. N. McLean, Elizabeth.....1903

### WARREN COUNTY.

J. M. Reese, Phillipsburg.....1902  
G. W. Cummins, Belvidere.....1903

# MEMBERS OF COUNTY MEDICAL SOCIETIES

COMPOSING THE

## MEDICAL SOCIETY OF NEW JERSEY

JUNE, 1905.

### ATLANTIC COUNTY.

Society organized June 7, 1880. Annual meeting first Friday in January.

Emery Marvel, *Pres.*, 811 Pacific ave., Atl. City  
 E. H. Madden, *Vice-Pres.*, Absecon.  
 Edward Guion, *Sec'y-Treas.*, 1408 Atl. ave., Atl. C.  
 A. Burton Shimer, *Rep.*, 606 Pacific ave., Atl. City.  
 J. O. Adams, Atlantic City.  
 Clara K. Bartlett, 11 N. No. Carolina ave., Atl. C.  
 David A. Berner, Le Grand Apartments, Atl. City.  
 E. C. Chew, 28 S. Kentucky ave., Atlantic City.  
 Walt P. Conaway, 1723 Pacific ave., Atlantic City.  
 Albert D. Cuskaden, 2000 Atlantic ave., Atl. City.  
 W. Edgar Darnall, 1704 Pacific ave., Atl. City.  
 Joseph F. De Silver, Galbraith Apart., Atl. City.  
 H. Stokes Doriss, 119 S. So. Carolina ave., Atl. C.  
 Thomas G. Dunlap, 921 Pacific ave., Atl. City.  
 Walter B. Fayerman, 29 N. Ohio ave., Atl. City.  
 C. M. Fish, Pleasantville.  
 C. E. Filbert, Morris & Atlantic ave., Atl. City.  
 C. Garrabrant, 1001 Atlantic ave., Atlantic City.  
 G. P. Gehring, Bakersville.  
 Edwin H. Harvey, 20 N. Florida ave., Atl. City.  
 Walter A. Hickman, 612 Pacific ave., Atl. City.  
 E. E. Howard, Somers Point.  
 Milton S. Ireland, 23 S. California ave., Atl. City.  
 J. Addison Joy, 1920 Pacific ave., Atlantic City.  
 H. C. James, Mays Landing.  
 Isaac E. Leonard, 28 N. Iowa ave., Atl. City.  
 T. H. Madden, Absecon.  
 Joseph C. Marshall, 1517 Pacific ave., Atl. City.  
 Philip Marvel, 1616 Pacific ave., Atlantic City.  
 Victor W. Metzler, Le Grand Apart., Atl. City.  
 James North, 29 S. Tennessee ave., Atl. City.  
 Wm. M. Pollard, 25 S. So. Carolina ave., Atl. C.  
 Eugene L. Reed, 920 Pacific ave., Atlantic City.  
 Talbot Reed, 104 S. Rhode Island ave., Atl. City.  
 Thomas K. Reed, 22 N. Penn. ave., Atlantic City.  
 Edward A. Reiley, 20 S. Tennessee ave., Atl. City.  
 Walter Reynolds, 27 S. Indiana ave., Atl. City.  
 C. E. Saulsberry, Mays Landing.  
 George Scott, 1109 Pacific ave., Atlantic City.  
 Theodore Senseman, 101 St. Charles Pl., Atl. C.  
 Edward S. Sharpe, 30 N. Georgia ave., Atl. City.  
 M. Le Roy Somers, 2012 Pacific ave., Atl. City.  
 R. M. Sooy, Pleasantville.  
 Lewis R. Souder, 1910 Pacific ave., Atlantic City.  
 W. Blair Stewart, 43 S. No. Carolina ave., Atl. C.  
 Charles G. Towar, Le Grand Apart., Atl. City.  
 Marv E. Townsend, 13 S. Pennsylvania av., At. C.  
 W. H. Walling, 1209 Pacific ave., Atlantic City.  
 J. Bart Webster, 132 S. Maryland ave., Atl. City.  
 Nevin B. Werst, Egg Harbor City.  
 Number Members, 50.

### BERGEN COUNTY.

Society reorganized February 28, 1854. Annual meeting second Tuesday in April.

J. F. Bell, *Pres.*, Englewood.  
 Joseph S. Van Dyke, *Vice Pres.*, Hackensack.  
 Daniel A. Currie, *Sec'y*, Englewood.  
 David St. John, *Treas.*, Hackensack.  
 J. W. Proctor, *Rep.*, Englewood.  
 Samuel E. Armstrong, Rutherford.  
 M. S. Ayres, Fairview.  
 H. M. Banks, Englewood.  
 M. Blinkston, Westwood.  
 F. C. Bradner, Englewood.  
 Grey Otis Brewster, Grantwood.  
 Margaret P. Brewster, Grantwood.  
 Chas. D. Brooks, Hackensack.  
 Chas. Calhoun, Rutherford.  
 E. E. Conover, Hasbrouck Heights.  
 Edgar K. Conrad, Hackensack.  
 Cornelius A. Demund, Ridgewood.  
 J. F. Demund, Ridgewood.  
 H. C. Elsing, Ridgfield Park.  
 Frank Freeland, Maywood.  
 Geo. Bancroft Gale, Rutherford.  
 T. N. Gregory, Englewood.  
 Fred. F. Hallett, Hackensack.  
 John J. Haring, Tenafly.  
 C. W. Harreys, Ridgewood.  
 Edwin Holmes, Englewood.  
 Joseph Huger, Fort Lee.  
 L. C. Knapp, Hackensack.  
 J. B. W. Lansing, Tenafly.  
 Howard McFadden, Hackensack.  
 J. A. Moeing, Park Ridge.  
 S. V. Morris, Hasbrouck Heights.  
 H. C. Neer, Park Ridge.  
 L. B. Parsell, Closter.  
 Joseph Payne, Midland Park.  
 Godfrey Pittis, Allendale.  
 J. E. Pratt, Dumont.  
 John Riordan, Carlstadt.  
 Ernest Sickenburger, Rutherford.  
 B. D. Stone, Westwood.  
 A. A. Swayze, Hackensack.  
 Theo. E. Townsend, Westwood.  
 Byron G. Van Horne, Englewood.  
 Carrie H. Van Horne, Englewood.  
 B. A. VerNooy, Waldwick.  
 Wm. L. Vroom, Ridgewood.  
 Alfred Wyckoff Ward, Closter.  
 F. H. White, Hackensack.  
 J. Talmage Wyckoff, Leonia.  
 Max Wyler, Fort Lee.  
 Samuel J. Zabriskie, Westwood.  
 Number members, 51.



## BURLINGTON COUNTY.

Society organized May 19, 1829. Meets second Wednesday in January, April, June and October.  
Annual meeting second Wednesday in January.

\*J. H. Pugh, *President*.  
F. G. Stroud, *Vice President*, Moorestown.  
G. T. Tracy, *Secretary*, Beverly.  
Enoch Hollingshead, *Treasurer*, Pemberton.  
Joseph Stokes, *Reporter*, Moorestown.  
W. C. Parry, *Censor*, Mt. Holly.  
Alex. Marcy, Jr., *Censor*, Riverton.  
E. D. Prickett, *Censor*, Mt. Holly.  
Irene D. Young, *Historian*, Bordentown.  
E. S. Adams, Beverly.  
David Baird, Jr., Florence.  
R. C. Barrington, Mt. Holly.  
J. E. Blair, Burlington.  
John B. Cassaday, Burlington.  
J. E. Dubell, Columbus.  
John J. Flynn, Mt. Holly.  
W. H. Giberson, Beverly.  
James D. Gilbert, Bordentown.  
A. L. Gordon, Burlington.  
J. Clifford Haines, Vincentown.  
J. Ridgway Haines, Mt. Holly.  
\*Deceased.

W. E. Hall, Burlington.  
I. W. Hollingshead, 123 S. 18th St., Phila.  
A. N. Jacob, Palmyra.  
J. D. Janney, Cinnaminson.  
W. P. Melcher, Pemberton.  
C. D. Mendenhall, Bordentown.  
Emma P. W. Metzger, Riverside.  
R. H. Parsons, Mt. Holly.  
W. H. Shipps, Bordentown.  
A. H. Small, Riverside.  
F. S. J. Stoddart, Rydal, Pa.  
G. H. Wilkinson, Moorestown.  
J. Boone Winterstein, Moorestown.

### CONTRIBUTING MEMBER.

William Martin, Bristol, Pa.

### HONORARY MEMBERS.

Charles P. Noble, 1509 Locust St., Phila.  
E. P. Townsend, Billings, Mont.  
Charles H. Thomas, Philadelphia, Pa.  
T. T. Price, Tuckerton, N. J.  
Number members, 33.

## CAMDEN COUNTY.

Organized August 14, 1846. Annual meeting fourth Tuesday in April.

William A. Westcott, *President*, Berlin.  
Joel W. Fithian, *V. Pres.*, 608 Broadway, Camden.  
Paul M. Mecray, *Sec'y*, 405 Cooper, Camden.  
Sylvan G. Bushey, *Treas.*, 508 Hadden av., Camd'n  
Alfred Cramer, *Hist.*, 433 Penn., Camden.  
Ezra B. Sharp, *Rep.*, 412 Broadway, Camden.  
Joseph S. Baer, 565 Stevens, Camden.  
Wilson G. Bailey, Broadway & Pine, Camden.  
Dowling Benjamin, 215 Cooper, Camden.  
John K. Bennett, Gloucester.  
Duncan W. Blake, Gloucester.  
Walter S. Bray, 902 N. 2nd, Camden.  
Robert Casperson, 215 N. 3d, Camden.  
Henry H. Davis, 569 Benson, Camden.  
William A. Davis, 3d & Cooper, Camden.  
Vernon E. DeGroff, Swedesboro.  
John W. Donges, 525 Broadway, Camden.  
Fred V. Dunn, 623 S. 3d St., Camden.  
Alfred M. Elwell, 330 Cooper, Camden.  
E. L. B. Godfrey, 400 Linden, Camden.  
Clarence R. Grier, 821 S. 5th St., Camden.  
Onan B. Gross, 700 Market, Camden.  
Roland I. Haines, 3d & Kaighn ave., Camden.  
John J. Haley, Gloucester.  
Levi B. Hirst, 586 Federal, Camden.  
Conrad G. Hoell, 565 Benson, Camden.  
Frank L. Horning, 623 Market, Camden.  
J. Edgar Howard, Haddonfield.  
Joseph E. Hurff, Blackwood.  
William H. Iszard, 411 N. 4th, Camden.  
Harry Jarrett, Broadway & Cherry, Camden.  
William B. Jennings, Haddonfield.  
William S. Jones, 3d & Penn, Camden.  
William W. Kain, 5th & Pine, Camden.  
Grant E. Kirk, 1801 Broadway, Camden.  
John F. Leavitt, 522 N. 3d, Camden.  
Adrienne LeFevre, Blackwood.  
Ahab H. Lippincott, 21 Broadway, Camden.  
Paul N. Litchfield, Mt. Ephraim & Kaighn ave., C.  
Jessie L. Mahaffey, 7th & Elm, Camden.  
Alexander Marcy, Riverton.

Frederick W. Marcy, 6th & Penn, Camden.  
John W. Marcy, Merchantville.  
Paul H. Markley, 515 Cooper, Camden.  
J. Watson Martindale, 2303 Federal, Camden.  
Alexander McAlister, 582 Federal, Camden.  
William E. Miller, 8th & Mt. Vernon, Camden.  
Marcus K. Mines, 532 West, Camden.  
Joseph L. Nicholson, 400 Penn, Camden.  
Milton W. Osmun, 815 Broadway, Camden.  
Howard F. Palm, 614 N. 2d, Camden.  
William R. Powell, 702 Market, Camden.  
William H. Pratt, 406 N. 6th, Camden.  
Sophie Presley, 323 N. 4th, Camden.  
Ernest S. Ramsdell, 423 Linden, Camden.  
Emma M. Richardson, 581 Stevens, Camden.  
Frank Neall Robinson, 518 Linden, Camden.  
Alex. S. Ross, 608 Benson, Camden.  
Orris W. Saunders, 1813 S. 6th, Camden.  
E. A. Y. Schellenger, 429 Cooper, Camden.  
Jennie S. Sharp, 412 Broadway, Camden.  
Henry H. Sherk, 2647 Westfield ave., Camden.  
J. Anson Smith, Blackwood.  
William A. Sprenger, 451 Kaighn ave., Camden.  
John R. Stevenson, Haddonfield.  
Daniel Stout, Berlin.  
Daniel Strock, 818 Federal, Camden.  
H. Genet Taylor, 305 Cooper, Camden.  
John E. L. Van Sciver, 4th & Berkley, Camden.  
Joseph H. Wills, 3rd & Penn., Camden.  
Wendell P. Wingender, 8th & Market, Camden.  
Orran A. Wood, Magnolia.  
E. B. Woolston, Marlton.

### HONORARY MEMBERS.

G. W. Boughman, Marshalltown, New Castle Co., Del.  
John B. Davis, 6th & Lawrence, Camden.  
Richard C. Dean, U. S. Navy.  
Chas. G. Garrison, Merchantville.  
J. W. Hewlings, Moorestown.  
J. Orlando White, 329 Cooper, Camden.  
Number Members, 73.

## CAPE MAY COUNTY.

Society organized March 12, 1885. Meets first Tuesday in April and October.

J. Morgan Dix, *Pres.*, Cape May Court House.  
Nathan A. Cohen, *V-Pres.*, Wildwood.  
Marshall F. Lummis, *Sec'y*, Cape May Court Ho.  
Randolph Marshall, *Treas.*, Tuckahoe.  
V. M. D. Marcy, *Censor*, Cape May.  
Daniel K. Webster, *Rep.*, Ohiopyle, Pa.  
B. T. Abbott, Ocean City.  
George B. M. Adams, Holly Beach.  
E. J. Asnis, Woodbine.  
J. S. Douglass, Tuckahoe.  
Jos. E. Garrison, Ocean City.  
Anna M. Hand, Cape May City.  
Joseph Jaffe, Woodbine.  
Wm. A. Lake, Cold Spring.

A. L. Leach, Cape May City.  
Jos. C. Marshall, Tuckahoe.  
James Mecray, Cape May City.  
Elijah Miller, Ocean City.  
Enlen Physick, Cape May City.  
J. M. Slaughter, Wildwood.  
Wesley R. Wales, Cape May City.  
Eugene Way, Dennisville.  
Julius Way, Cape May Court House.

### HONORARY MEMBERS.

Chas. M. Gandy, U. S. Army.  
J. H. Ingram, China.  
Jonathan Leaming, Cape May Court House.  
Number members, 23.

## CUMBERLAND COUNTY.

Society organized December 8, 1818. Annual meeting second Tuesday in April.

W. P. Glendon, *Pres.*, Cedarville.  
John H. Moore, *V-Pres.*, Bridgeton.  
L. L. Hand, *Sec'y*, Millville.  
Jos. Tomlinson, *Treas.*, Bridgeton.  
S. M. Wilson, *Rep.*, Bridgeton.  
O. H. Adams, Vineland.  
J. C. Applegate, 3540 N. Broad St., Philadelphia.  
Frank M. Bateman, Cedarville.  
Samuel Bennett, Millville.  
L. H. Bossert, Newport.  
E. B. Bradford, Port Norris.  
N. H. Burt, Ocean City.  
Alfred Cornwell, Bridgeton.  
E. S. Corson, Bridgeton.  
Theodore G. Davis, 114 Westlake ave., Los Angeles, Cal.  
Grafton E. Day, Millville.  
S. T. Day, Port Norris.  
E. L. Diamant, Bridgeton.  
Mary J. Dunlap, Vineland.  
H. W. Elmer, Bridgeton.  
M. K. Elmer, Bridgeton.  
S. Eldridge Ewing, Leesburg.  
Edward S. Fogg, Bridgeton.  
C. S. Franckle, Millville.  
N. S. Greenwood, Rosenhayn.  
Ernest G. Hummel, Shiloh.  
Ferdinand Jones, Millville.  
Reba Lloyd, Bridgeton.

John C. Loper, Bridgeton.  
Chas. H. Mayhew, Millville.  
Samuel D. Mayhew, Bridgeton.  
H. G. Miller, Millville.  
C. B. Neal, Millville.  
David H. Oliver, Bridgeton.  
E. S. Robinson, Newport.  
Frank R. Sheppard, Millville.  
T. J. Smith, Bridgeton.  
S. M. Snyder, Greenwich.  
Ellsmore Stites, Bridgeton.  
J. R. C. Thompson, Bridgeton.  
J. W. Wade, Millville.  
F. P. Wainwright, Bridgeton.  
C. W. Wilson, Vineland.  
John H. Winslow, Vineland.

### ASSOCIATE MEMBERS.

W. E. Ashton, 2011 Walnut St., Phila., Pa.  
J. M. Barton, 1314 Spruce St., Phila., Pa.  
J. Chalmers DaCosta, 2045 Walnut St., Phila., Pa.  
Judson Daland, 317 S. 18th St., Phila., Pa.  
H. A. Hare, 1801 Spruce St., Phila., Pa.  
B. C. Hirst, 1821 Spruce St., Phila., Pa.  
W. W. Keen, 1729 Chestnut St., Phila., Pa.  
Charles P. Noble, 1509 Locust St., Phila., Pa.  
Chas. A. Oliver, 1507 Locust St., Phila., Pa.  
David Reisman, 162 Spruce St., Phila., Pa.  
Number members, 44.

## ESSEX COUNTY.

Society organized June 18, 1816. Annual meeting first Tuesday in April.

Wm. S. Disbrow, *Pres.*, 151 Orchard St., Newark.  
Archibald Mercer, *V-Pres.*, 31 Wash'n St. New.k.  
Ralph H. Hunt, *Sec'y*, 29 Harrison St., E. Orange.  
Chas. D. Bennett, *Treas.*, 167 Clinton ave., N'wark.  
Frank W. Pinneo, *Rep.*, 199 Garside St., Newark.  
William H. Areson, Upper Montclair.  
Maurice Asher, 20 Court, Newark.  
Charles H. Bailey, Bloomfield.  
William O. Bailey, 232 S. Orange ave., Newark.  
Charles F. Baker, 47 Walnut, Newark.  
Aaron K. Baldwin, 291 Plane, Newark.  
Samuel H. Baldwin, 473 Clinton ave., Newark.  
Winfred E. Baldwin, 462 Orange, Newark.  
Frederick W. Becker, 478 Clinton ave., Newark.  
George C. Becket, East Orange.  
Angelo R. Bianchi, 103 Seventh ave., Newark.  
Arthur W. Bingham, East Orange.

William D. Bleick, 577 Clinton ave., Newark.  
Herman C. Bleyle, 118 Union, Newark.  
John H. Bradshaw, Orange.  
Stella S. Bradford, Montclair.  
Rudolph Braun, 180 Polk, Newark.  
William M. Brien, West Orange.  
James S. Brown, Montclair.  
Charles H. Bruckner, 118 Newton, Newark.  
William Buerman, 352 Belmont ave., Newark.  
Charles V. Burke, 136 Bowery, Newark.  
Edwin L. Burns, 269 Broad, Newark.  
Robert L. Burrage, East Orange.  
Carl Buttner, Orange.  
Wellington Campbell, Short Hills.  
Fletcher F. Carman, Montclair.  
Levi W. Case, Montclair.

# ESSEX COUNTY.—Continued.

Douglas A. Cater, 107 Park, E. Orange.  
 Henry M. Chandler, 449 Main, Orange.  
 William J. Chandler, South Orange.  
 Albion C. Christian, Irvington.  
 J. Henry Clark, 12 Walnut, Newark.  
 Henry L. Coit, 277 Mt. Prospect ave., Newark.  
 John F. Condon, Belleville.  
 Hugh F. Cook, 15 Roseville ave., Newark.  
 Mary Cook, 91 Mt. Prospect ave., Newark.  
 Horace C. Cory, 484 Broad, Newark.  
 Everett P. Courtright, 24 Fulton, Newark.  
 Theodore W. Corwin, 5 West Park, Newark.  
 David H. Crawford, 14 Bridge, Newark.  
 Peter P. Davenport, Vailsburgh.  
 Louis L. Davidson, 173 Spruce, Newark.  
 William H. K. Davis, East Orange.  
 John Dennis, 287 Belleville ave., Newark.  
 Winfield S. DeVausney, 102 Central ave., Newark.  
 Frank Devlin, 90 Congress, Newark.  
 Richard G. P. Dieffenbach, 222 S. Orange av., N'k  
 Daniel M. Dill, 425 So. Orange ave., Newark.  
 Walter Dodge, Orange.  
 Arthur C. Dougherty, 158 Washington, Newark.  
 Edward A. Drummond, 431 7th ave., Newark.  
 John L. Duryee, 436 High, Newark.  
 Wells P. Eagleton, 15 Lombardy, Newark.  
 Sarah M. Edwards, 207 Summer ave., Newark.  
 Henry B. Epstein, 455 High, Newark.  
 Julius Egge, 439 Washington, Newark.  
 Linn Emerson, Orange.  
 David E. English, Millburn.  
 James R. English, 800 Clinton ave., Newark.  
 Joseph Fewsmith, 47 Central ave., Newark.  
 Joseph L. Fewsmith, 76 Central ave., Newark.  
 Armin Fischer, 539 High, Newark.  
 Thomas S. P. Fitch, Orange.  
 Richard P. Francis, Montclair.  
 Gustav H. Frederick, 340 Camden, Newark.  
 Richard D. Freeman, South Orange.  
 Ruel S. Gage, 17 Gould ave., Newark.  
 William Gauch, 199 High, Newark.  
 Isabel M. Geddes, 16 James, Newark.  
 Herman A. Glatzmayer, 104 13th ave., Newark.  
 William M. Goodwin, 88 Congress, Newark.  
 William B. Graves, East Orange.  
 Thomas N. Gray, East Orange.  
 Solomon Greenbaum, 142 W. Kinney, Newark.  
 B. A. Greenfield, 145 S. Orange ave., Newark.  
 Chauncy B. Griffiths, 145 Monmouth, Newark.  
 Emil A. Guenther, 150 W. Kinney, Newark.  
 John F. Hagar, 88 Ferry, Newark.  
 Charles W. Hagen, 224 S. Orange ave., Newark.  
 John F. Hagerty, 297 Central ave., Newark.  
 Frederick W. Hagney, 67 Pennsylvania ave., N'k.  
 Eleanor Haines, 934 Broad, Newark.  
 L. W. Halsey, 49 Church, Montclair.  
 Edward H. Hamill, 230 Roseville ave., Newark.  
 James T. Hanan, Montclair.  
 G. Eugene Harbert, East Orange.  
 Hugh M. Hart, 16 Gouverneur, Newark.  
 Thomas W. Harvey, Orange.  
 Francis R. Haussling, 661 High, Newark.  
 E. Zeh Hawkes, 15 Central ave., Newark.  
 Joseph H. Haydon, 22 Brientnall Pl., Newark.  
 John Hemsath, 36 Spruce, Newark.  
 Herman C. H. Herold, 77 Congress, Newark.  
 Peter V. P. Hewlett, 181 Plane, Newark.  
 William H. Hicks, 425 So. Orange ave., Newark.  
 Livingston S. Hinckley, 182 Clinton ave., Newark.  
 Edgar Holden, Jr., 13 Central ave., Newark.

Henry B. Holler, 291 Verona ave., Newark.  
 L. Eugene Hollister, 138 Clinton ave., Newark.  
 George J. Holmes, 19 Pennington, Newark.  
 William J. Houck, 110 Bloomfield ave., Newark.  
 Siegfried Husserl, 321 S. Orange ave., Newark.  
 Charles L. Ill, 188 Clinton ave., Newark.  
 Edward J. Ill, 1002 Broad, Newark.  
 Frederick C. Jacobson, 969 Broad, Newark.  
 Meyer Jedel, 362 Warren, Newark.  
 Jotham C. Johnson, 11 Tichenor, Newark.  
 A. R. Judson, Montclair.  
 William A. Judson, 235 Clifton ave., Newark.  
 Ernest Kaufman, 55 New, Newark.  
 William F. Keim, 7 Roseville ave., Newark.  
 George R. Kent, 37 Eighth ave., Newark.  
 Charles J. Kipp, 560 Broad St., Newark.  
 Leroy G. Kirkman, 256 Orange, Newark.  
 Joseph M. W. Kitchen, East Orange.  
 Maurice I. Klein, 127 Wickliffe, Newark.  
 Francis E. Knowles, South Orange.  
 Louis A. Koch, 294 Bank, Newark.  
 Henry A. Korneman, 262 15th ave., Newark.  
 Geo. F. M. Lamont, 202 Clinton ave., Newark.  
 Stephen G. Lee, Orange.  
 Charles F. Lehlbach, 537 High, Newark.  
 Julius Levy, 301 Hunterdon, Newark.  
 Samuel B. W. Leyenberger, 98 Bloomfield ave., N.  
 Jesse D. Lippincott, 304 Summer ave., Newark.  
 Frank W. Lockwood, East Orange.  
 Herbert W. Long, 102 Jefferson, Newark.  
 Andrew J. Loughnan, 136 Bowery, Newark.  
 Thomas W. Loweree, 30 Hill, Newark.  
 James H. Lowrey, 79 Congress, Newark.  
 Otto Lowy, 62 Beacon, Newark.  
 Calista V. Luther, South Orange.  
 Augusta M. Madison-Keim, 188 Roseville ave., N.  
 James M. Maghee, Orange.  
 Carlo Martinetti, 139 Centre, Orange.  
 William H. Martland, 1138 Broad, Newark.  
 Henry E. Matthews, Orange.  
 Daniel L. McCormick, 253 Mulberry, Newark.  
 Henry D. McCormick, Verona.  
 Floy McEwen, 209 Belleville ave., Newark.  
 William H. McKenzie, 942 Broad, Newark.  
 Sarah R. Mead, 16 James, Newark.  
 Frank B. Meeker, 63 First, Newark.  
 Panerazio M. Megaro, 313 High, Newark.  
 Paul E. Menk, 29 13th ave., Newark.  
 Elizabeth Mercelis, Montclair.  
 Charles F. Merrill, 78 First, Newark.  
 F. L. Meyer, 122 Hal-sey, Newark.  
 Andrew M. Mills, 122 Washington, Newark.  
 Augustus J. Mitchell, 74 South, Newark.  
 Winthrop D. Mitchell, East Orange.  
 John D. Moore, Bloomfield.  
 Clement Morris, 75 Washington ave., Newark.  
 Eugene W. Murray, 493 Summer ave., Newark.  
 Frederick C. Nadler, 31 Green, Newark.  
 Albert B. Nash, 10 So. 13th, Newark.  
 Clifford R. Neare, 2 Hawthorne, East Orange.  
 Marcus W. Newcomb, 35 Harrison, East Orange.  
 Emanuel D. Newman, 81 New, Newark.  
 Anne B. Newton, South Orange.  
 Richard C. Newton, Montclair.  
 Willis C. Noble, Montclair.  
 Henry W. Nolte, 255 Mulberry, Newark.  
 Ralph Opdike, Montclair.  
 Frederick M. Paul, 553 Mt. Prospect ave., New'k.  
 Edward E. Peck, Caldwell.  
 Percy S. Pelouze, 671 Springfield ave., Newark.



## ESSEX COUNTY.—Continued.

William Pennington, Irvington.  
 William Petry, 325 So. Orange ave., Newark.  
 George P. Philhower, Nutley.  
 Charles R. Pittenger, 82 Congress, Newark.  
 Katherine Porter, Orange.  
 Palmer A. Potter, East Orange.  
 Robert C. Potter, 34 Centre, Newark.  
 Nathaniel G. Price, 62 Boston, Newark.  
 Henry A. Pulsford, South Orange.  
 William O'G. Quinby, 80 Columbia, Newark.  
 John M. Rand, 12 Hill, Newark.  
 Charles H. Randall, 50 3d ave., Newark.  
 Briscoe B. Ranson, Jr., Maplewood.  
 Joshua W. Read, 82 Park Pl., Newark.  
 Edward M. Richman, 252 Mulberry, Newark.  
 Philip Ricord, 268 Bank, Newark.  
 Edward N. Riggins, 225 Midland ave., E. Orange.  
 Samuel E. Robertson, 344 Lafayette, Newark.  
 Benjamin D. Robinson, 265 Mulberry, Newark.  
 Manning N. Robinson, 159 Elm, Newark.  
 William D. Robinson, East Orange.  
 Hugh P. Roden, 345 Washington, Newark.  
 William J. Roeber, 24 Monmouth, Newark.  
 George A. Rogers, 1 Wallace, Newark.  
 Robert H. Rogers, 64 S. 10th, Newark.  
 William Rosensohn, 310 Dodd, East Orange.  
 Clarence Rostow, 655 High, Newark.  
 Mefford Runyon, South Orange.  
 Anthony B. Russell, East Orange.  
 Charles A. Schneider, 44 Hillside Pl., Newark.  
 William A. Schopfer, 43 Read, Newark.  
 Charles A. Schureman, 22 Hill, Newark.  
 Emanuel Schwarz, 561 High, Newark.  
 Edward Sealy, 369 Washington, Newark.  
 E. C. Seibert, 436 Main, Orange.  
 William F. Seidler, 21 Ferry, Newark.  
 Marcus Seidman, 580 High, Newark.  
 Summer Shailer, 271 Clinton ave., Newark.  
 Frederick G. Shaul, Bloomfield.  
 Elbert S. Sherman, 191 Summer ave., Newark.  
 William F. Shick, 31 Park, Newark.  
 M. Herbert Simmons, Orange.  
 Daniel M. Skinner, Belleville.  
 Anna L. Smith, Montclair.  
 D. Winans Smith, 201 Walnut, Newark.  
 Edward Staehlin, 493 High, Newark.  
 Jacob S. Stage, 95 Jefferson, Newark.  
 R. G. Stanwood, 117 N. 6th, Newark.  
 Edwin Steiner, 1 Sterling, Newark.  
 Carl E. Sutphen, 181 Roseville ave., Newark.  
 Edward B. Sutphen, 997 Broad, Newark.  
 Theron Y. Sutphen, 997 Broad, Newark.  
 Martin J. Synnott, Montclair.  
 Henry A. Tarbell, 28½ Thomas, Newark.  
 Charles E. Teeter, 418 Orange, Newark.  
 Theodor Teimer, 450 High, Newark.  
 F. J. E. Tetreault, Orange.  
 Charles W. Titus, 126 N. 7th, Newark.  
 Henry A. Towle, 16 Halsey, Newark.  
 James H. Trainor, 131 Elm, Newark.  
 Ernest Tutschulte, 149 Polk, Newark.  
 Sidney A. Twinch, 598 Broad, Newark.  
 Charles F. Underwood, 259 Mt. Prospect ave., N.  
 Herbert B. Vail, Belleville.  
 Sarah E. Van Dwyne, 245 Belleville ave., Newark.  
 George A. Van Wagenen, 101 N. 6th, Newark.  
 Maria M. Vinton, East Orange.  
 Benjamin H. Voelbel, Vailsburgh.  
 George N. Waite, 569 High, Newark.  
 Henry Wallace, Glen Ridge.  
 Henry J. F. Wallhauser, 47 New, Newark.  
 Aaron C. Ward, 325 Clinton ave., Newark.  
 Edwin M. Ward, Bloomfield.  
 Gertrude P. Ward, Bloomfield.  
 William J. Ward, 323 Bank, Newark.  
 W. H. Alonzo Warner, 400 Central ave., E. Or.  
 George L. Warren, 77 Houston, Newark.  
 W. H. Warren, 181 Verona ave., Newark.  
 Walter S. Washington, 8 Washington Pl., Newk.  
 Frederick C. Webner, 96 Clinton ave., Newark.  
 Louis Weiss, 227 So. Orange ave., Newark.  
 George O. Welshman, 150 Summer ave., Newark.  
 Elmer G. Wherry, 414 Clinton ave., Newark.  
 William H. White, Bloomfield.  
 Henry B. Whitehorne, Verona.  
 M. Royal Whitenack, 19 Bathgate Pl., Newark.  
 Albert Wickman, 325 Washington, Newark.  
 W. Stockton Wilson, 96 Montclair ave., Newark.  
 Edward E. Worl, 271 High, Newark.  
 James A. Wormley, 83 New, Newark.  
 Fred J. Wort, Jr., 184 Clinton ave., Newark.  
 James T. Wrightson, 12 Central ave., Newark.  
 Charles Young, 23 E. Kinney, Newark.  
 Joseph C. Young, 964 Broad, Newark.  
 Charles M. Zeh, 15 Central ave., Newark.  
 Number members, 268.

## GLOUCESTER COUNTY.

Society organized December, 1818. Annual meeting third Thursday in January.

Elias M. Duffield, *Pres.*, Glassboro.  
 C. Frank Fisler, *Vice Pres.*, Clayton.  
 Geo. E. Reading, *Sec and Treas.*, Woodbury.  
 Wesley Grant Simmons, *Rep.*, Swedesboro.  
 L. M. Halsey, *Censor*, Williamstown.  
 James Hunter, Jr., *Censor*, Westville.  
 Harry A. Stout, *Censor*, Wenonah.  
 Samuel F. Ashcraft, Mullica Hill.  
 Wm. Brewer, Woodbury.  
 Henry B. Diverty, Woodbury.  
 J. Gaunt Edwards, Williamstown.  
 T. Franklin Gifford, Woodbury.  
 Chas. S. Heritage, Glassboro.  
 Eugene Z. Hillegas, Mantau.  
 Joseph M. Husted, Clayton.  
 George C. Laws, Paulsboro.  
 M. Jones Luffbary, Glassboro.

James C. McClure, Williamstown.  
 Eugene T. Oliphant, Bridgeport.  
 Cyrus B. Phillips, Hurffville.  
 U. S. Grant Sparks, Mantua.  
 Samuel F. Stanger, Harrisonville.  
 P. E. Stilwagon, Bridgeport.  
 William M. Stratton, Woodbury.  
 Howard A. Wilson, Woodbury.

### HONORARY MEMBERS.

George W. Bailey, Philadelphia, Pa.  
 Judson Daland, Philadelphia, Pa.  
 E. E. DeGrofft, Woodstown.  
 Hobart A. Hare, Philadelphia, Pa.  
 William H. Iszard, Camden.  
 Charles P. Noble, Philadelphia, Pa.  
 Chas. S. Turnbull, 1935 Chestnut, Phila., Pa.  
 Number members, 25.

## HUDSON COUNTY.

Organized October 1, 1851. Annual Meeting first Tuesday in April.

George E. McLaughlin, *Pres.*, 41 Crescent ave., Jersey City.  
 Geo. H. Sexsmith, *V-Pres.*, 719 Ave. C, Bayonne.  
 Louis W. Dodson, *Secy.*, 660 Jersey ave., Jersey City.  
 Henry H. Brinkerhoff, *Treas.*, 695 Bergen ave., Jersey City.  
 James H. Rosenkrans, *Rep.*, 826 Hudson, Hoboken.  
 Frederick M. Corwin, *Censor*, 7 W 6th, Bayonne.  
 John P. Henry, *Censor*, 907 Summit av., Jer. City.  
 W. Perry Watson, *Censor*, 35 Bentley ave., Jer. City.  
 Henry D. Abbott, 24 E. 33d, Bayonne.  
 Ulamor Allen, 401 Ogden ave., Jersey City.  
 Henry Allers, 109 Harrison ave., Harrison.  
 William J. Arlitz, 630 Bloomfield, Hoboken.  
 Edward C. Armstrong, 512 Fulton, Town of Union.  
 E. Mills Baker, 103 Wayne, Jersey City.  
 John J. Baumann, 661 Jersey ave., Jersey City.  
 Louis Baumann, 250 5th, Jersey City.  
 Oliver R. Blanchard, 37 Clinton ave Jersey City.  
 Henry J. Bogardus, 427 Bergen ave., Jersey City.  
 J. G. Lewis, Borgmeyer, 90 W. 8th, Bayonne.  
 Frank F. Bowyer, Barrow st., Jersey City.  
 W. Sims Boyd, 221 8th, Jersey City.  
 William W. Brooke, 915 Ave. C, Bayonne.  
 John J. Broderick, 355 Pacific ave., Jersey City.  
 Edward L. Bull, 2 Madison ave., Jersey City.  
 Henry H. Burnett, 724 Washington, Hoboken.  
 Talbot R. Chambers, 15 Exchange Pl., Jer. City.  
 John A. Chard, 14 Virginia ave., Jersey City.  
 Frank M. Childs, 927 Washington, Hoboken.  
 Charles B. Converse, 218 Palisade ave., Jer. City.  
 Burdette P. Craig, Blvd & Highland ave, Jer. City.  
 C. W. Crankshaw, 2549 Boulevard, Jersey City.  
 Charles W. Cropper, 85 Gifford ave., Jersey City.  
 D. LeRoy Culver, 287 York, Jersey City.  
 George M. Culver 49 Tonnelle ave., Jersey City.  
 S. Herbert Culver, 98 Magnolia ave., Jersey City.  
 Alexander Dallas, 24 E. 22nd, Bayonne.  
 O. M. DeHart, 99 Mercer, Jersey City.  
 Charles L. DeMerritt, 302 Shippin, Hoboken.  
 Gordon K. Dickinson, 278 Montgomery, Jer. City.  
 R. H. Dinglestedt, 619 Hudson, Hoboken.  
 M. O. F. Dolphin, 112 4th, Hoboken.  
 Lucius F. Donahue, 33 Dodge, Bayonne.  
 Edwin K. Dunkel, 264 Montgomery, Jersey City.  
 Benjamin Edge, 95 Wayne, Jersey City.  
 James G. Enright, 297 York, Jersey City.  
 John R. Everitt, 38 Boyd ave., Jersey City.  
 Chauncey V. Everitt, 38 Boyd ave., Jersey City.  
 James A. Exton, 75 Beach, Arlington.  
 John Faber, 289 Central ave., Jersey City.  
 William F. Faison, 490 Jersey ave., Jersey City.  
 J. C. Farr, Jr., 1233 Garden, Hoboken.  
 N. Frederick Feury, 687 Bergen ave., Jersey City.  
 Charles H. Finke, 315 York, Jersey City.  
 J. Frederick Finn, 157 Danforth ave., Jersey City.  
 Joseph F. Finn, 157 Danforth ave., Jersey City.  
 Michael F. Foley, 710 Hudson, Hoboken.  
 Archibald C. Forman, 41 W. 32nd, Bayonne.  
 Howard S. Forman, 640 Bergen ave., Jersey City.  
 P. W. Frace, 106 11th, Hoboken.  
 L. Franklin, 125 Palisade ave., Jersey City.  
 Aaron Freichman, 112 Park ave., Hoboken.  
 William Friele, 203 Palisade ave., Jersey City.  
 George D. Fyfe, 70 Madison ave., Jersey City.  
 E. Gamson, 41 W. 24th, Bayonne.  
 R. W. Gelbach, 809 Hudson, Hoboken.  
 Charles A. Gilchrist, 916 Hudson, Hoboken.  
 Hugo Gillé, 149 Congress, Jersey City.  
 E. H. Goldberg, 238 Kearny ave., Kearny.  
 Frank D. Gray, 79 Summit ave., Jersey City.  
 Edward P. Hart, 316 Montgomery, Jersey City.  
 Max Hecht, 324 Shippin, West Hoboken.  
 Bert. S. Heintzelmann, 43 W. 33d, Hoboken.  
 Samuel A. Helfer, 626 Hudson, West Hoboken.  
 William L. Hetherington, 299 Varick, Jersey City.  
 Christopher S. Hill, 102 Grand, Jersey City.  
 Peter Hoffman, 209 Pavonia ave., Jersey City.  
 T. J. Jacquemin, 192 Bergenline ave Union Hill.  
 J. Eugene Jacques, 74 Waverly, Jersey City.  
 J. Morgan Jones, 121 Sip ave., Jersey City.  
 A. John Kirsten, 287 Varick, Jersey City.  
 Calvin F. Kyte, 816 Pavonia ave., Jersey City.  
 William L. Kudlich, 408 Hudson, Hoboken.  
 Richard Kuehne, 1118 Summit ave., Jersey City.  
 Frederick W. Lambert, 157 Ocean ave., Jer City.  
 Mortimer Lampson, 322 Pacific ave., Jersey City.  
 Charles A. Limeburner, 79 Danforth ave., Jer. City.  
 John T. Luck, 406 Kossuth ave., Town of Union.  
 Weehawken P. O.  
 Frank W. Mallalieu, 62 Monticello ave., Jer City.  
 Edward G. Marks, Elshermius, Arlington.  
 W. J. Matthews, 1009 Garden, Hoboken.  
 John D. McGill, 124 Mercer, Jersey City.  
 John J. McLean, 33 Hoboken ave., Jersey City.  
 Thomas J. McLoughlin, 558 Jersey ave., Jer. City.  
 Thomas C. McNamara, 715 Park ave., Hoboken.  
 W. Meyer, 446 Clinton ave., West Hoboken.  
 John J. Mooney, 554 Jersey ave., Jersey City.  
 Edward Mulvaney, 487 Jersey ave., Jersey City.  
 George W. Muttart, 702 Ocean ave., Jersey City.  
 A. Nelson, 105 Grand, Jersey City.  
 John Nevin, Boul. & Kensington ave, Jersey City.  
 J. F. O'Connor, 35 Kearny ave., Kearny.  
 August W. Oestman, 961 Summit ave., Jer. City.  
 William J. Parker, 694 Bergen ave., Jersey City.  
 John C. Parsons, 311 York, Jersey City.  
 Luigi Pezzè, 280 4th, Jersey City.  
 Abdon D. Piskorski, 259 5 th ave., 713 Bergen av., Jersey City.  
 B. S. Pollak, 241 Grove, Jersey City.  
 Louis Poole, 521 Palisade ave., Wst Hoboken.  
 Charles H. Purdy, 312 Montgomery, Jer. City.  
 Imanuel Pyle, 54 Monticello ave., Jersey City.  
 Wallace Pyle, 713 Bergen, Jersey City.  
 Murray E. Ramsey, 2 Park, eJersey City.  
 Joseph M. Rector, 307 York, Jersey City.  
 S. A. Reich, 116 Bowers, Jersey City.  
 Frederick C. Robertson, 792 Grand, Jersey City.  
 Norman L. Rowe, 798 Grand, Jersey City.  
 Henry B. Rue, 931 Bloomfield, Hoboken.  
 Oscar J. Russi, 221 Pavonia ave., Jersey City.  
 Ferdinand W. Sauer, 314 Varick, Jersey City.  
 Richard Schlemm, 116 Palisade ave., Town of Union.  
 L. H. Sheiner, Bergenline ave., opp. Niles ave., Town of Union.  
 George W. Shera, 489 Jersey ave., Jersey City.  
 Henry Spence, 681 Bergen ave., Jersey City.  
 Manning F. Squier, 234 Harrison ave., Harrison.  
 Joseph F. Stack, 212 Garden, Hoboken.  
 Eban T. Steadman, 635 Washington, Hoboken.  
 Walter Steadman, 213 Garden, Hoboken.  
 Frank D. Stellwagon, 530 Union Pl., Town of Union.  
 Pliney F. Stevens, 950 Ave. D, Bayonne.  
 Robert Stewart, 824 Grand, Jersey City.  
 August A. Strasser, 115 Beach, Arlington.

## HUDSON COUNTY.—Continued.

S. Henry Sulouff, 10 W. Hamilton Pl., Jer. City.  
 M. A. Swiney, 283 Ave. C., Bayonne.  
 H. T. Van Deestin, 619 Garden, Hoboken.  
 Clarence M. Vreeland, 96 Danforth ave., Jer. City.  
 Hamilton Vreeland, 79 Summit ave., Jersey City.  
 William Vreeland, 2 Park, Jersey City.  
 A. John Walschied, 309 Fulton, Town of Union.  
 James W. Ware, Ave. C & 46th, Bayonne.  
 John E. West, cor. Ocean ave. and Union, Jer. C.  
 Otto A. Wiegand, 1151 Summit ave., Jersey City.  
 F. C. Wolff, 1136 Garden, Hoboken.  
 Joseph Wolfson, 302 Montgomery, Jersey City.  
 Stanley R. Woodruff, 22 W. 22d, Bayonne.  
 Number members, 144.

## HUNTERDON COUNTY.

Society organized June 12, 1821. Annual meeting fourth Tuesday in April.

Peter C. Young, *Pres.*, Ringoes.  
 Morris H. Leaver, *V. Pres.*, Quakertown.  
 Obadiah H. Sproul, *Sec'y*, Flemington.  
 Isaac S. Cramer, *Treas.*, Flemington.  
 Leon T. Salmon, *Rep.*, Lambertville.  
 Geo. W. Bartow, *Censor*, Three Bridges.  
 Willard E. Berkaw, *Censor*, Annandale.  
 Geo. L. Romine, *Censor*, Lambertville.  
 Ernest E. Banker, Three Bridges.  
 George N. Best, Rosemont.  
 Wm. R. Carpenter, Mt. Pleasant.  
 John L. Chamberlin, Milford.  
 Edward Clossen, Lambertville.  
 Wm. S. Creveling, Valley.  
 Frederick W. Decker, Frenchtown.  
 John H. Ewing, Flemington.

Theo. B. Fulper, Junction.  
 Francis S. Grim, Baptistown.  
 Fred L. Johnson, Stanton.  
 Paul C. Knight, Clinton.  
 Francis W. Larison, Lambertville.  
 Edward D. Leidy, Flemington.  
 Peter McGill, Lambertville.  
 Alfred B. Nash, Frenchtown.  
 William H. Schenck, Flemington.  
 Quintus E. Snyder, Quakertown.  
 Louis C. Williams, Lambertville.

### HONORARY MEMBERS.

H. P. Loomis, New York City.  
 W. D. Wolverton, U. S. Army, Retired.  
 Number members, 27.

## MERCER COUNTY.

Society organized May 23, 1848. Annual meeting second Tuesday in May.

Martin W. Reddan, *Pres.*, 113 W. State, Trenton.  
 David B. Ackley, *V. Pres.*, 881 E. State, Trenton.  
 David F. Weeks, *Sec'y*, 508 W. State, Trenton.  
 James McGuire, *Rep.*, 330 S. Broad, Trenton.  
 Ira M. Shepherd, *Treas.*, 188 S. Broad, Trenton.  
 Chas. F. Adams, 52 W. State, Trenton.  
 H. M. Anderson, Allentown.  
 Chas. L. Allen, P. O. Box 258, Trenton.  
 Alex. Armstrong, 323 S. Broad, Trenton.  
 Arthur Barrows, 300 S. Clinton, Trenton.  
 Elmer Barwis, 211 Hamilton ave., Trenton.  
 Henry M. Beatty, 50 Centre, Trenton.  
 Chas. P. Britton, 126 W. State, Trenton.  
 A. T. Bruere, 203 Spring, Trenton.  
 John Bruyere, 123 Perry, Trenton.  
 Frank V. Cantwell, Broad St. Bank Bldg., Tren'n.  
 J. M. Cernochan, Princeton.  
 J. F. Chattin, 40 W. State, Trenton.  
 W. A. Clark, 51 W. State, Trenton.  
 W. S. Collier, 723 S. Broad, Trenton.  
 J. C. Craythorn, 302 W. State, Trenton.  
 Paul L. Cort, 127 E. State, Trenton.  
 Henry B. Costill, 506 E. State, Trenton.  
 A. H. Dey, 430 E. State, Trenton.  
 William Elmer, 44 W. State, Trenton.  
 E. K. Fee, Lawrenceville.  
 J. C. Felt, P. O. Box 258, Trenton.  
 Geo. H. Franklin, Hightstown.  
 Sam'l Freeman, 314 S. Broad, Trenton.  
 Edward B. Funkhauser, P. O. Box 258, Trenton.  
 C. H. Gordon, 930 E. State, Trenton.  
 E. J. Gordon, 1010 Clinton, Trenton.  
 W. J. Harmon, 1162 E. State, Trenton.  
 Frank Harris, 215 N. Warren, Trenton.  
 W. I. Hall, 438 East State, Trenton.  
 E. S. Hawke, 22 Montgomery, Trenton.  
 J. F. Higgins, 398 S. Warren, Trenton.  
 Chas. H. Holcomb, 41 W. State, Trenton.

Mozart Jenkins, 136 Walnut ave., Trenton.  
 A. Dunbar Hutchinson, 419 Chestnut ave., Tren'n.  
 M. M. Kent, 222 N. Warren, Trenton.  
 William S. Lalor, 129 N. Warren, Trenton.  
 Thos. H. McKenzie, 528 E. State, Trenton.  
 Walter Madden, 324 S. Broad, Trenton.  
 Chas. H. McIlwaine, 40 W. State, Trenton.  
 Chas. Mitchell, 116 Centre, Trenton.  
 Geo. R. Moore, 259 Hamilton ave., Trenton.  
 H. G. Norton, 429 E. State, Trenton.  
 N. B. Oliphant, 152 W. State, Trenton.  
 Geo. H. Parker, 420 E. State, Trenton.  
 L. A. Pierson, Hopewell.  
 C. H. Read, S. Warren & Fall, Trenton.  
 Geo. M. Ridgway, 140 W. State, Trenton.  
 Elmer H. Rogers, 126 N. Warren, Trenton.  
 R. R. Rogers, 110 E. Hanover, Trenton.  
 R. R. Rogers, Jr., 610 Perry, Trenton.  
 Wm. C. Sandy, P. O. Box 258, Trenton.  
 F. G. Scammell, 413 E. State, Trenton.  
 G. Schoening, 223 Perry, Trenton.  
 J. B. Seeds, 495 Centre, Trenton.  
 Jos. B. Shaw, 119 S. Warren, Trenton.  
 Houghton Smith, 1007 Division, Trenton.  
 Geo. N. J. Sommers, 229 Perry, Trenton.  
 W. D. Stevenson, 303 E. State, Trenton.  
 Geo. E. Titus, Hightstown.  
 W. B. Van Duyn, 133 Perry, Trenton.  
 John W. Ward, P. O. Box 258, Trenton.  
 David Warman, 239 Chestnut ave., Trenton.  
 Chas. H. Waters, 50 W. Hanover, Trenton.  
 Jos. M. Wells, 922 Edgewood ave., Trenton.  
 James Holmes Wikoff, Princeton.  
 Wm. Wilbur, Hightstown.  
 P. W. Yard, 727 S. Broad, Trenton.

### HONORARY MEMBERS.

Joseph K. Young, 222 S. 16th, Philadelphia, Pa.  
 Number members, 73.



## MIDDLESEX COUNTY.

Society organized June 16, 1816. Annual meeting third Wednesday in April.

Wm. V. McKenzie, *Pres.*, Graham ave., Metuchen.  
 Henry H. Janeway, *V-P.*, 11 Living'n ave., N. B.  
 David C. English, *Treas.*, 363 George, New Brun.  
 A. Schuyler Clark, *Sec'y*, 422 George, New Bruns.  
 Arthur L. Smith, *Rep.*, 62 Bayard, New Bruns'k.  
 John C. Albright, 194 Broadway, South Amboy.  
 Thomas Alsop, 422 George, New Brunswick.  
 John J. Bissett, Main, South River.  
 H. Martyn Brace, 179 High, Perth Amboy.  
 Charles V. Butler, 139 Albany, New Brunswick.  
 Edgar Carroll, Main, Dayton.  
 S. V. D. Clark, 89 Bayard, New Brunswick.  
 William J. Condon, 176 George, New Brunswick.  
 Frank M. Donahue, 139 Albany, New Brunswick.  
 A. L. Ellis, Main, Metuchen.  
 George W. Fithian, High, Perth Amboy.  
 Herman Gross, Main, Metuchen.  
 Benj. Guttman, 418 George, New Brunswick.  
 Edward E. Haines, 134 David, South Amboy.  
 Frank C. Henry, 134 State, Perth Amboy.  
 Geo. J. Howell, 294 Madison ave., Perth Amboy.  
 A. Clark Hunt, Holly st., Metuchen.

John L. Lund, 181 High, Perth Amboy.  
 Eugene A. Meacham, South Amboy.  
 William M. Moore, 79 Livingston ave, N. Bruns.  
 Daniel L. Morrison, Elm Row & Patsn, N. B.  
 William E. Ramsey, 193 High, Perth Amboy.  
 Ferdinand E. Riva, Main & Riva ave., Milltown.  
 Patrick A. Shannon, Albany, New Brunswick.  
 Clarence M. Slack, 50 Livingston ave, N. Bruns.  
 Ira T. Spencer, Main, Woodbridge.  
 David Stephens, 229 George, New Brunswick.  
 John L. Suydam, Jamesburg.  
 Henry C. Symmes, Cranbury.  
 Ambrose Treganowan, Main, South Amboy.  
 George W. Tyrrell, 222 State, Perth Amboy.  
 John G. Wilson, 186 High, Perth Amboy.  
 A. L. Woods, Main, South River.

### HONORARY MEMBERS.

Henry G. Cooke, 7 Livingston ave., New Bruns.  
 John C. Holmes, Cranbury.  
 Number members, 38.

## MONMOUTH COUNTY.

Society organized June 16, 1816. Annual meeting second Tuesday in December.

Edwin Field, *President*, Red Bank.  
 Wm. B. Warner, *V. Pres.*, Red Bank.  
 D. McLean Forman, *Sec'y*, Freehold.  
 I. S. Long, *Treas.*, Freehold.  
 Joseph Welch, *Rep.*, Long Branch.  
 A. T. Applegate, Englishtown.  
 George H. Baker, Long Branch.  
 Simon Baruch, Long Branch.  
 E. M. Beach, West Long Branch.  
 John W. Bennett, Long Branch.  
 R. S. Bennett, Asbury Park.  
 Wm. W. Beveridge, Asbury Park.  
 A. G. Brown, Red Bank.  
 Harvey Brown, Freehold.  
 Henry G. Cook, New Brunswick.  
 Ellis W. Crater, Ocean Port.  
 J. F. Davison, Asbury Park.  
 V. M. Disbrow, Lakewood.  
 Walter Havens, Farmingdale.  
 Wm. M. Hepburn, Freehold.  
 D. D. Hendrickson, Middletown.  
 H. A. Hendrickson, Atlantic Highlands.  
 G. C. Hoagland, Keyport.  
 Harry W. Ingling, Freehold.

H. J. Jackson, Matawan.  
 Samuel Johnson, Asbury Park.  
 W. R. Kinmouth, Farmingdale.  
 Cyrus Knecht, Matawan.  
 S. R. Knight, Spring Lake.  
 Henry Mitchell, Asbury Park.  
 R. T. Partree, Eatontown.  
 F. C. Price, Imlaystown.  
 P. J. Rafferty, Red Bank.  
 James Read, Sea Bright.  
 Edgar Roberts, Keyport.  
 Harry E. Shaw, Long Branch.  
 Harry Slocum, Long Branch.  
 Chas. H. Thompson, Belmar.  
 W. W. Trout, Spring Lake.  
 James B. Wainwright, Manasquan.  
 Walter S. Whitmore, Red Bank.  
 George F. Wilbur, Asbury Park.  
 Alex. Williamson, Asbury Park.  
 Scudder J. Woolley, Long Branch.

### HONORARY MEMBER.

George T. Welch, Passaic.  
 Number members, 44.

## MORRIS COUNTY.

Society organized June 1, 1815. Annual meeting second Tuesday in March.

H. A. Cossitt, *Pres.*, Morris Plains.  
 W. J. Wolfe, *Vice Pres.*, Chatham.  
 H. W. Kice, *Secretary*, Wharton.  
 James Douglas, *Treas.*, Morristown.  
 H. S. Wheeler, *Rep.*, Whippany.  
 N. H. Adsit, Succasunna.  
 C. Anderson, Madison.  
 R. D. Baker, Morris Plains.  
 G. A. Becker, Morristown.  
 C. C. Beling, Morris Plains.  
 A. E. Carpenter, Boonton.  
 A. W. Condict, Dover.  
 I. W. Condict, Dover.

E. P. Cooper, Parsippany.  
 R. L. Cook, Dover.  
 A. S. Corwin, 204 W. 55th st., N. Y.  
 T. R. Crittenden, Dover.  
 Harris Day, Chester.  
 H. V. Day, Bloomingdale.  
 Clinton L. Decker, Boonton.  
 G. S. DeGroot, Mendham.  
 Lancelot Ely, Flanders.  
 B. D. Evans, Morris Plains.  
 J. Willard Farrow, Dover.  
 Levi Farrow, Hackettstown.  
 F. W. Flagge, Rockaway.

## MORRIS COUNTY.—Continued.

G. H. Foster, Rockaway.  
W. S. Foster, 111 Bloomfield ave., Newark.  
Francis H. Glazebrook, Morristown.  
Eliot Gorton, Summit.  
J. B. Griswold, Morristown.  
Samuel C. Haven, Morristown.  
H. A. Henriques, Morristown.  
Fred. C. Horsford, Morris Plains.  
Geo. L. Johnson, Morristown.  
A. A. Lewis, Morristown.  
Amasa A. Macwithney, Riverdale.  
P. S. Mallon, Morris Plains.  
L. L. Mial, Morristown.  
C. N. Miller, German Valley.  
Clifford Mills, Morristown.  
H. M. O. Reilley, Morristown.

F. W. Owen, Morristown.  
Stephen Pierson, Morristown.  
J. B. Risk, Summit.  
J. G. Ryerson, Boonton.  
Frederick L. Seward, Madison.  
M. S. Simpson, Middle Valley.  
E. Sutton, German Valley.  
J. L. Taylor, Boonton.  
Harry Vaughan, Morristown.  
J. Walters, Wharton.  
Cuthbert Wigg, Boonton.  
Geo. W. V. Wilkinson, Morristown.

### HONORARY MEMBERS.

P. A. Harris, Paterson.  
Number members, 54.

## OCEAN COUNTY.

Society organized October 28, 1903. Annual meeting first Wednesday in April.

Irwin H. Hance, *Pres.*, Lakewood.  
Ralph R. Jones, *Vice-Pres.*, Toms River.  
Alexander M. Heron, *Secretary*, Lakewood.  
Harold Pittis, *Treas.*, Lakehurst.  
Wm. Gray Schaffler, *Rep.*, Lakewood.  
Frank Brouwer, Toms River.  
Frederick S. Buckingham, Lakewood.  
Eugene E. S. Carrigan, Point Pleasant.

Edwin C. Disbrow, Toms River.  
Rem Lefferts Disbrow, Toms River.  
Vanderhoef M. Disbrow, Lakewood.  
Paul T. Kimball, Lakewood.  
C. L. Lindley, Lakewood.  
George W. Mac Millan, Lakewood.  
Number members, 14.

## PASSAIC COUNTY.

Society organized January 14, 1844. Meets second Tuesday in each month, except July, August and September  
Annual meeting second Tuesday in April.

J. W. Atkinson, *Pres.*, 27 Church, Paterson.  
F. F. C. Demarest, *V. Pres.*, 29 Academy, Passaic.  
E. J. Marsh, Jr., *Sec'y*, 24 Church, Paterson.  
D. T. Bowden, *Treas.*, 117 Paterson, Paterson.  
W. W. MacAlister, *Rep.*, 158 Broadway, Paterson.  
Jas. M. Stewart, *Censor*, 181 Van Houten, Paterson.  
M. A. Mackintosh, *Censor*, 267 Ellison, Paterson.  
M. W. Gillson, *Censor*, 11 Lee Pl., Paterson.  
F. E. Agnew, 29 Hamilton, Paterson.  
A. F. Alexander, 379 Union ave., Paterson.  
George H. Balleray, 115 Broadway, Paterson.  
John H. Banta, 119 Broadway, Paterson.  
Joseph V. Bergin, 16 Church, Paterson.  
William Blundell, 236 Main, Paterson.  
J. Alex. Browne, 310 Grand, Paterson.  
V. E. Bullen, 156 Broadway, Paterson.  
Charles M. Campbell, 642 Main, Paterson.  
Wm. H. Carroll, 11 Jefferson, Passaic.  
W. E. Chase, 185 Main ave., Passaic.  
David R. Crounse, 84 Bloomfield ave., Passaic.  
James H. Curts, 30 Church, Paterson.  
R. M. Curts, 30 Church, Paterson.  
G. S. Davenport, Garfield.  
S. DeJager, 83 Bridge, Paterson.  
Edward F. Denner, 221 Broadway, Paterson.  
F. B. Donahue, 387 Main, Paterson.  
Walter L. Dunning, 533 River, Paterson.  
George Fischer, 77 Fair, Paterson.  
William Fliteroft, 510 River, Paterson.  
G. Balleray Flood, 115 Broadway, Paterson.  
John T. Gllson, 391 Main, Paterson.  
Wm. S. Green, 73 Paterson, Paterson.  
Philander A. Harris, 26 Church, Paterson.  
J. H. Henggeler, 47 Bridge, Paterson.  
E. L. Henion, 16 Church, Paterson.  
William H. Jacobs, 95 N. Main, Paterson.  
W. B. Johnson, 170 Broadway, Paterson.

Charles J. Kane, 349 Grand, Paterson.  
Thomas J. Kane, 349 Grand, Paterson.  
F. J. Keller, 379 Totowa ave., Paterson.  
Henry Kip, 90 Fair, Paterson.  
John L. Leal, 447 Ellison, Paterson.  
H. H. Lucas, 192 Van Houten, Paterson.  
Joseph Maclay, 160 Broadway, Paterson.  
Bryan C. Magennis, 81 Bridge, Paterson.  
E. J. Marsh, 600 Park ave., Paterson.  
A. F. McBride, 397 Main, Paterson.  
John C. McCoy, 292 Broadway, Paterson.  
Frank McDede, 908 Main, Paterson.  
John R. Merrill, 15 Church, Paterson.  
Daniel T. Millsbaugh, 43 Totowa ave., Paterson.  
James P. Morrill, 8 Church, Paterson.  
Rush Neer, 95 Bridge, Paterson.  
Wm. Neer, 87 Fair, Paterson.  
Wm. K. Newton, 379 Ellison, Paterson.  
William A. Norval, 419 Main, Paterson.  
James O'Donnell, 82 Ward, Paterson.  
T. F. O'Grady, 374 Grand, Paterson.  
J. P. Paxton, 349 Van Houten, Paterson.  
H. V. Pike, 144 Hamilton ave., Paterson.  
John J. Ritter, 16 Smith, Paterson.  
B. H. Rogers, 213 Broadway, Paterson.  
John N. Ryan, 275 Passaic, Passaic.  
F. R. Sandt, 354 Park ave., Paterson.  
C. H. Schribner, 82 Ward, Paterson.  
James W. Smith, 33 Clark, Paterson.  
R. Stinson, 152 Broadway, Paterson.  
John J. Sullivan, 51 Passaic ave., Passaic.  
Isaac Surnamer, 89 Bridge Paterson.  
M. J. Synott, Montclair.  
Joseph Tattersall, 1042 Main, Paterson.  
Arthur H. Temple, 164 Jefferson, Passaic.  
George W. Terribery, 146 Broadway, Paterson.  
P. H. Terhune, 162 Gregory ave., Passaic.

## PASSAIC COUNTY.—Continued.

R. A. Terhune, 162 Gregory ave., Passaic.  
F. H. Todd, 218 Broadway, Paterson.  
George E. Tuers, 12 Church, Paterson.  
Sylvester Utter, 12 Church, Paterson.  
A. B. Vanderbeek, 174 Broadway, Paterson.

A. Ward Van Riper, 207 Main ave., Passaic.  
C. Van Riper, 207 Main ave., Passaic.  
George Vreeland, 127 Hamburg ave., Paterson.  
F. Vigna, 35 Ward, Paterson.  
Number members, 83.

## SALEM COUNTY.

Society organized May 4, 1880. Annual meeting first Wednesday in May.

C. M. Sherron, *Pres.*, Salem.  
F. B. Husted, *Vice Pres.*, Quinton.  
Henry Chavanne, *Sec. and Treas.*, Salem.  
L. H. Hummel, *Rep.*, Salem.  
F. Bilderback, *Censor*, Salem.  
R. M. Davis, *Censor*, Salem.  
E. E. DeGroft, *Censor*, Woodstown.  
W. H. Carpenter, Salem.  
W. L. Ewen, Alloway.  
G. W. H. Fitch, Daretown.  
Dan'l Garrison, Pennsgrove.  
W. T. Good, Quinton.

F. B. Harris, Canton.  
N. S. Hires, Salem.  
W. H. James, Pennsville.  
H. T. Johnson, Pedricktown.  
Fred'k H. Sparrenberger, Fort Mott.  
John F. Smith, Salem.  
C. Percy Summis, Pennsgrove.  
B. A. Waddington, Salem.

ASSOCIATE MEMBER.

W. A. Jaquett, D. D. S., Salem.  
Number members, 20.

## SOMERSET COUNTY.

Society organized May, 1816. Annual meeting second Thursday in April.

Aaron L. Stillwell, *Pres.*, Somerville.  
John P. Hecht, *Vice Pres.*, Somerville.  
William H. Long, Jr., *Sec'y*, Somerville.  
Thomas H. Flynn, *Treas.*, Somerville.  
Arthur H. Dundon, *Rep.*, North Plainfield.  
Claudius R. P. Fisher, *Censor*, Bound Brook.  
William H. Merrill, *Censor*, South Branch.  
Sewell O. B. Taylor, *Censor*, Millstone.  
John B. Beekman, Pluckemin.  
J. Hervey Buchanan, North Plainfield.  
J. Howard Cooper, Middlebush.  
Henry V. Davis, North Branch.  
Edward B. Funkhauser, Skillman.  
Mary E. Gaston, Somerville.  
George A. Henry, Raritan.

Fred J. Hughes, North Plainfield.  
John F. McWilliams, Somerville.  
Josiah Meigh, Bernardsville.  
Mahlon C. Smalley, Gladstone.  
H. M. Weeks, Skillman.  
F. A. Wild, Bound Brook.  
Frank B. Zandt, Harlingen.  
Peter J. Zeglio, North Plainfield.

HONORARY MEMBER.

John W. Ward.

ASSOCIATE MEMBER.

E. R. Voorhees, M. D. C., Somerville.  
Number members, 23.

## SUSSEX COUNTY.

Society organized August 22, 1829. Annual meeting second Tuesday in May.

M. D. Hughes, *Pres.*, Layton.  
C. E. Dowling, *Vice Pres.*, Sparta.  
H. D. Van Gaasbeek, *Rep.*, Sussex.  
Shepard Voorhees, *Secretary*, Newton.  
E. Morrison, *Treasurer*, Newton.  
L. G. Burd, Ogdensburg.  
Martin Cole, Hainesville.  
Jos. G. Coleman, Hamburg.  
C. K. Davison, Stanhope.  
Charles M. Dunning, Franklin.  
B. W. Ferguson, Beemerville.

Bruno Hood, Newton.  
Harvey J. McClougham, Newton.  
J. N. Miller, Newton.  
John Moore, Sussex.  
J. B. Pellet, Hamburg.  
J. C. Price, Branchville.

HONORARY MEMBERS.

Joseph Hedges, Branchville.  
T. H. Andress, Sparta.  
Number members, 17.

## UNION COUNTY.

Society organized June 7, 1869. Annual meeting second Wednesday in April.

Wm. H. Murray, *Pres.*, Plainfield.  
Thomas E. Dolan, *V. Pres.*, 250 1st ave., Elizabeth.  
Horace R. Livengood, *Sec'y*, 1105 E. Jersey St.  
Elizabeth.  
Robert R. Montfort, *Treas.*, 1051 E. Jersey St.,  
Elizabeth.  
Milton A. Shangle, *Rep.*, 1148 E. Jersey. Eliza.  
Ellis W. Hedges, *Censor*, Plainfield.  
Thomas N. McLean, *Censor*, 1144 E. Broad, Eliz.

Norton L. Wilson, *Censor*, 110 Westminster ave.  
Elizabeth.  
F. C. Ard, Plainfield.  
Frederick R. Bailey, 1165 E. Jersey, Elizabeth.  
Wm. M. Barnes, Springfield.  
William C. Boone, Plainfield.  
P. DuBois Bunting, 11 Third, Elizabeth.  
Thomas F. Burnett, 249 Court, Elizabeth.  
John H. Carman, Plainfield.



## UNION COUNTY.—Continued.

W. E. Cladek, Rahway.  
 Marcus L. Clawson, Plainfield.  
 J. Ackerman Coles, Scotch Plains.  
 J. H. P. Conover, 1143 E. Jersey, Elizabeth.  
 F. M. Corwin, Bergen Point.  
 P. B. Cregar, Plainfield.  
 N. W. Currie, Plainfield.  
 R. B. Dearborn, 1028 E. Jersey, Elizabeth.  
 Alfred Q. Donovan, 132, E. Jersey, Elizabeth.  
 A. R. Eaton, Jr., 1159 E. Jersey, Elizabeth.  
 James R. English, Jr., Irvington.  
 George W. Endicott, Plainfield.  
 J. T. Fritts, Plainfield.  
 Joseph Funk, 615 Elizabeth ave., Elizabeth.  
 G. E. Galloway, Rahway.  
 William Gale, Westfield.  
 W. F. Gaston, Plainfield.  
 James S. Green, 463 N. Broad, Elizabeth.  
 Edgar B. Grier, 1145 E. Jersey, Elizabeth.  
 J. B. Harrison, Westfield.  
 B. Van D. Hedges, Plainfield.  
 B. W. Hoagland, Woodbridge.  
 H. Pugh Hough, Rahway.  
 Stephen J. Keefe, 1063 E. Jersey, Elizabeth.  
 J. Herbert Keenan, 22 W. Jersey, Elizabeth.  
 F. A. Kinch, Westfield.  
 Samuel Koringut, 116 Bond, Elizabeth.  
 George S. Laird, Westfield.  
 Alfred Lawrence, 1086 Elizabeth ave., Elizabeth.  
 Theodore F. Livengood, 1105 E. Jersey, Eliza.  
 Monroe D. Long, Plainfield.  
 J. K. McConnell, Cranford.  
 George W. McCallion, 64 Elizabeth ave., Eliza.  
 Victor Mravlag, 1062 E. Jersey, Elizabeth.  
 Edward R. O'Reilly, 167 Second, Elizabeth.  
 Albert Pettis, Plainfield.  
 Alonzo Pettit, 116 W. Grand, Elizabeth.  
 James T. Perkins, Cranford.  
 Frederick H. Pierson, 440 N. Broad, Cranford.  
 Henry C. Pierson, Roselle.  
 H. Morton Pierson, Roselle.  
 J. P. Probasco, Plainfield.  
 Norman H. Probasco, Plainfield.  
 Thomas P. Prout, Summit.  
 Stephen T. Quinn, 125 Jefferson ave., Elizabeth.  
 John M. Randolph, Rahway.  
 J. J. Reason, Carteret.  
 John P. Reilly, 215 Elizabeth ave., Elizabeth.  
 Charles H. Schlichter, 1053 Elizabeth ave., Eliza.  
 Frederick W. Sell, Rahway.  
 W. Updyke Selover, Rahway.  
 Russell A. Shirrefs, 1158 E. Jersey St., Eliza.  
 Elihu B. Silvers, Rahway.  
 R. R. Sinclair, Westfield.  
 Arthur Stern, 218 E. Jersey St., Elizabeth.  
 J. A. Stites, Springfield.  
 G. W. Strickland, Roselle.  
 T. H. Tomlinson, Plainfield.  
 R. D. Tomlinson, Plainfield.  
 William F. Turner, 562 Jefferson ave., Elizabeth.  
 Wm. B. Van Alstyne, Westfield.  
 A. F. Van Horn, Plainfield.  
 N. W. Voorhees, 297 N. Broad, Elizabeth.  
 Otto Wagner 1071 Elizabeth ave., Elizabeth.  
 Frank Warncke, 310 First ave., Elizabeth.  
 F. W. Westcott, Fanwood.  
 Rufus B. Whitehead, 310 First ave, Elizabeth.  
 M. K. Willoughby, Roselle.  
 Number members, 83.

## WARREN COUNTY.

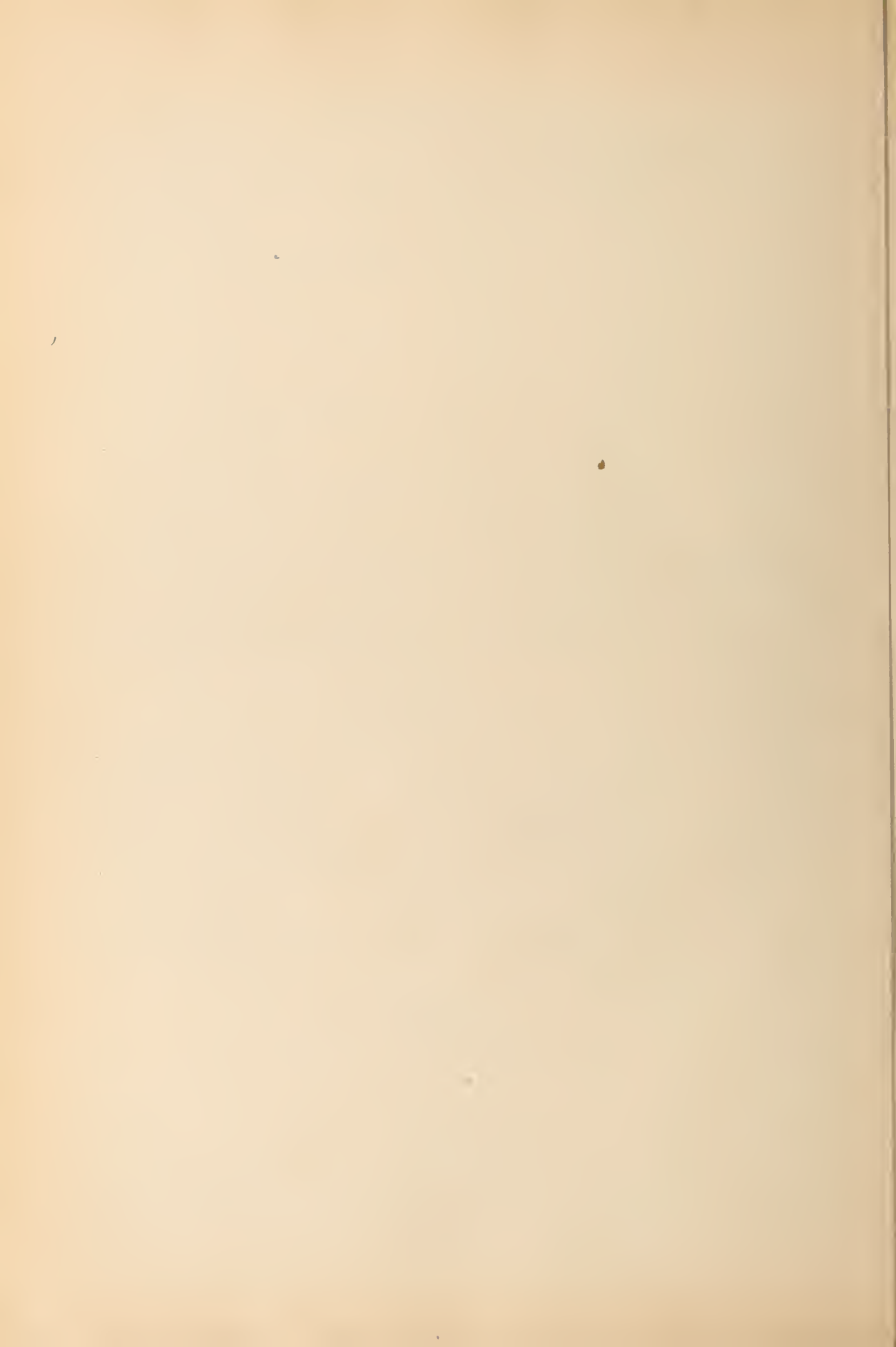
Society organized February 15, 1826. Annual Meeting any Tuesday (at option of Secretary) in May.

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 Wm. J. Burd, *Secretary*, Belvidere.  
 G. W. Cummins, *Treas.*, Belvidere.  
 J. H. Griffith, *Rep.*, Phillipsburg.  
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 W. C. Albertson, Belvidere.  
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 Isaac Barber, Phillipsburg.  
 Edgar N. Brasefield, Phillipsburg.  
 H. O. Carhart, Blairstown.  
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 Louis C. Osmun, Hackettstown.  
 J. M. Reese, Phillipsburg.  
 C. B. Smith, Washington.  
 G. O. Tunison, Oxford.  
 Alva C. Van Syckle, Hackettstown.  
 Number members, 26.

## SUMMARY.

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Cumberland .....	44	Somerset .....	23
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Next Annual Meeting at Atlantic City, June, 1906.

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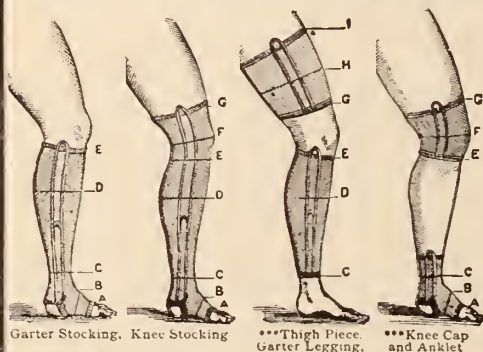
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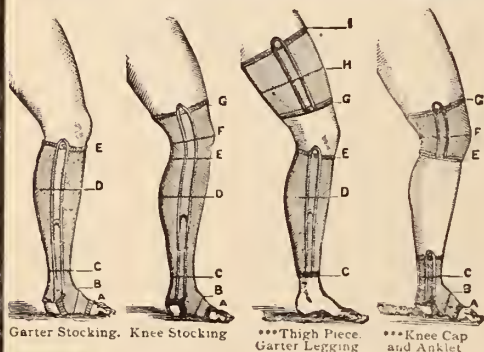
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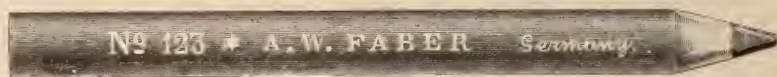
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IS not only a hematinic, but also contains immediately assimilable proteids.

IS equal in actual iron content (one tablespoonful) to 15 minims Tr. Ferri Chlor.

DOSE—One tablespoonful  
3 or 4 times a day.

The Palisade Mfg' Co.  
Yonkers, N.Y.

# PANOPEPTON

“Good Concentrated Liquid Nourishment”

**Referring to the treatment of pneumonia—“The patient should be well sustained by good concentrated liquid nourishment.”**

A dictum of course, apposite in every case where disease is making exhaustive demands upon vitality—typhoid fever, tonsillitis, influenza, etc.

**PANOPEPTON** is the best “concentrated liquid nourishment” available, judged by the amount of food solids it contains in a soluble and non-coagulable form, and the proportion of proteid to carbohydrate, its palatability, assimilability, agreeability, and above all, by results in practice.

**PANOPEPTON** presents in a sterile solution the two great types of food, beef and wheat, freed from all indigestible substance, peptonised and ready for assimilation.

**PANOPEPTON** is put up in 6 oz. and 12 oz. unlettered bottles and it is earnestly recommended that it be prescribed in the original container to avoid the risk of contamination incident to decanting into another bottle.

FAIRCHILD BROS. & FOSTER  
New York

*IT IS NECESSARY TO SPECIFY FAIRCHILD'S*















